

Multifamily Housing Program

APPLICATION FOR FUNDING



State of California
Department of Housing and Community Development
Division of Community Affairs
Multifamily Housing Program (MHP)
P.O. Box 952054, MS 390-5
Sacramento, California 94252-2054

Telephone: (916) 323-3178
Fax: (916) 445-0117
Web Site: <http://www.hcd.ca.gov/ca/mhp/>

MHP 2002-2003 Round I
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() Original or () Duplicate

STATE OF CALIFORNIA
GRAY DAVIS, GOVERNOR

BUSINESS, TRANSPORTATION AND HOUSING AGENCY
MARIA CONTRERAS-SWEET, SECRETARY

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
JULIE BORNSTEIN, DIRECTOR

Division of Community Affairs

William J. Pavão, Acting Deputy Director

Multifamily Housing Program

John Turner, Section Chief, (916) 324-3785
jturner@hcd.ca.gov

Nadine Ford, Program Manager, (916) 327-3942
nford@hcd.ca.gov

Mike Greenlaw, Program Manager, (916) 327-3630
mgreenlaw@hcd.ca.gov

Michael Pope, Program Specialist, (916) 327-5704
mpope@hcd.ca.gov

Anne Gilroy, Program Support Staff (916) 323-3178
agilroy@hcd.ca.gov

Elycia Abdala, Program Support Staff, (916) 323-3178
eabdala@hcd.ca.gov

Loan Officers

Ben Dudek, (916) 445-6508
bdudek@hcd.ca.gov

Rebecca Matt, (916) 324-6754
rmatt@hcd.ca.gov

Rick Gadberry, (916) 323-3178
rgadberry@hcd.ca.gov

Craig Morrow, (916) 323-3178
cmorrow@hcd.ca.gov

Shari Gueffroy, (916) 323-3178
sgueffroy@hcd.ca.gov

Donald Rubin, (916) 323-3178
drubin@hcd.ca.gov

Nanette Guevara, (916) 324-2647
nguevara@hcd.ca.gov

Jacqueline Shepherd, (916) 327-2623
jshepher@hcd.ca.gov

Honey Lum, (916) 324-3758
hxlum@hcd.ca.gov

Valerie St. James, (916) 323-3178
vstjames@hcd.ca.gov

Mark Maldonado, (916) 323-3178
mmaldona@hcd.ca.gov

Diane Snyder, (916) 324-6756
dsnyder@hcd.ca.gov

GENERAL INSTRUCTIONS

PLEASE USE THE FOLLOWING INSTRUCTIONS AND THE APPLICATION INDEX FOR SUBMITTING YOUR APPLICATION.

- a. Application must be submitted in an appropriately sized, 3-ring binder with a sleeve on the spine for insertion of information.
- b. Use large lettered tabs and divide the binder into 4 sections: A, B, C, and D.
- c. In each section set up dividers with numbered tabs to correspond to the Application Index, page 4. Place requested documents behind their corresponding tabs. The tabs must be securely affixed to the divider pages.
- d. For items that are not applicable to your application, place a sheet saying “Not Applicable” behind the tab corresponding to the item number.

In order to be considered for funding, applications must be on forms provided or approved by the Department (*Section 7318 of the MHP Regulations*). **Application forms must not be modified.** The application may be downloaded from web site: www.hcd.ca.gov/ca/mhp. The Department must receive a complete original application, plus one copy no later than 5:00 PM on Tuesday, March 18, 2003. No facsimiles, late applications, incomplete applications, or application revisions will be accepted. Applications must meet all eligibility requirements upon submission. Applications containing material internal inconsistencies will not be rated and ranked.

APPLICATION INDEX AND APPLICATION ITEM CHECKLIST

(Must be completed)

Sponsor is to specify that each item is either Included or Not Applicable.

Section A. Summary Information

Included/ Not applicable	Item
	A 1. Application Summary
	A 2. Narrative Description of Project
	A 3. Applicant Certification and Commitment of Responsibility
	A 4. No Defaults Statement

Section B. MHP Threshold Information

Included/ Not applicable	Item
	B 1. Project Description Form
	B 2. Assessment of Rehabilitation Needs
	B 3. Relocation Plan or Preliminary Relocation Plan
	B 4. Tenant Selection Criteria
	B 5. Sponsor Eligibility Information Form
	B 6. Organizational Documents of Sponsor
	B 7. Identities of Interest Disclosure
	B 8. Organization's Experience
	B 9. Evidence of Site Control
	B 10. Current Title Report
	B 11. Governing Board Resolution
	B 12. Names of Officers and Board Members
	B 13. Environmental Reports
	B 14. Scaled Distance Map and Parcel Map
	B 15. Evidence of Article XXXIV Compliance
	B 16. Supportive Housing or Special Needs Population Project Plan Checklist
	B 17. Supportive Housing or Special Needs Population Project Plan

Section C. Project Feasibility

Included/ Not applicable	Item
	C 1. Local Approvals and Zoning/Land Use
	C 2. Development Timetable
	C 3. Worksheet to Determine Maximum Allowable Loan Amount
	C 4. Loan Limit Worksheet
	C 5. Shared Cost Calculation Worksheet
	C 6. MHP Loan Amount Calculation Worksheet
	C 7. Project Financing (Sources of Funds)
	C 8. Project Sources and Uses
	C 9. Income Information
	C 10. Annual Residential Operating Expenses
	C 11. First Year Operating Budget and Cash Flow Analysis
	C 12. 15 Year Pro Forma
	C 13. Documentation justifying On-Site Services Coordination

Sponsor is to specify that each item is either **Included** or **Not Applicable**.

Included/ Not applicable	Item
	C 14. Estimate of Unit Construction Costs based on prevailing wage
	C 15. Off-Site Improvement Costs
	C 16. Appraisal and Market Study
	C 17. Copies of Planning Approvals
	C 18. Copies of Resumes of the Project Contractor And Architect
	C 19. Copies of Schematic Drawings
	C 20. Description of Current Condition-rehabilitation projects only
	C 21. Scope of Work-rehabilitation projects only
	C 22. Current Rent Roll-rehabilitation projects only
	C 23. Utility Allowance Estimates
	C 24. Copy of Letter to Local Government

Section D. Rating and Ranking Criteria

Included/ Not applicable	Item
	D 1. Scoring Sheet 1A-Extent Project Serves Households at the Lowest Income Levels-High Income Areas; or
	D 2. Scoring Sheet 1B-Extent Project Serves Households at the Lowest Income Levels- Other Areas
	D 3. Scoring Sheet 2- Extent Project Addresses the Most Serious Identified Local Housing Needs and Attachment to Scoring Sheet 2- Comparable Market Rental Data Form
	D 4. Scoring Sheets 3A and 3B-Development and Ownership Experience of the Project Sponsor, Attachment to Scoring Sheet 3-Development and Ownership Experience Certification, and Appropriate Schedule(s)
	D 5. Scoring Sheet 4-Percentage of Units for Families or Special Needs Populations and “At-Risk” Rental Housing Developments, Attachment to Scoring Sheet 4- Checklist for “At-Risk” of Conversion, and “At-Risk” of Conversion Supporting Documentation.
	D 6. Scoring Sheet 5-Leverage of Other Funds
	D 7. Scoring Sheet 6-Project Readiness and Attachment to Scoring Sheet 6-Local Jurisdiction Verification of Project Readiness
	D 8. Scoring Sheet 7-Adaptive Reuse, Infill, or Proximity to Site Amenity
	D 9. Scoring Sheet 8-Negative Point Calculation Form-To be Completed by Department Staff – Informational Only
	D 10. Scoring Sheet 9-Total Ranking Points Earned

Section A

Summary Information

Item

- A 1. Application Summary
- A 2. Narrative Description of Project
- A 3. Applicant Certification and Commitment of Responsibility
- A 4. No Defaults Statement

Item A 1

California Department of Housing and Community Development

Application Summary

Multifamily Housing Program

**1.a Sponsor Information**

Name: _____

Address: _____

City: _____

State: _____ Entity Type: _____
(Corp., Limited Partnership, General Partnership, etc.)

Zip Code: _____

County: _____ Profit Status: ☐ For Profit ☐ Non-Profit ☐ Government

If there is a co-sponsor please provide duplicate of this page for the co-sponsor

1.b Authorized Representative Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name: _____ MI: _____ Last Name: _____

Job Title: _____

☐ Check if the information in this area is the same as Sponsor

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____

If there is more than one Authorized Representative please provide duplicate of this page

1.c Sponsor Contact Information

☐ Check if the same as Authorized Representative; if so proceed to next section.

☐ Mr. ☐ Mrs. ☐ Ms.

First Name: _____ MI: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____

2. Requested Funding by Activity

Activity	
New Construction	
Rehabilitation	
Acquisition/Rehabilitation	
Conversion	

Total Amount Requested**3. Proposed Other Funding Sources**

Name of Source	Source Type (City or County, State HCD, State Other, Federal, Redevelopment Agency, Tax Credit, Private or Other(Specify))	Dollar Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Proposed Other Funding Total		\$

4. Project Information

Project Name: _____
 Site Address: _____
 City, Zip Code: _____
 County: _____
 Census Tract No or Nos.: _____
 Geographic Location : ☐ North ☐ South
 Rural: ☐ Yes ☐ No
 TCAC Project: ☐ Yes ☐ No
 CHFA: ☐ Yes ☐ No

Is this an at risk project? ☐ Yes ☐ No If yes, # of units at risk _____

Special Needs Population Units: _____ # Supportive Housing Units _____

Total Residential Cost: _____

Total Development Cost: _____

5. Unit Information

Activity	# of MHP Assisted Units	# of Restricted Units	# of Market Rate Units	Total Units
New Construction				
Rehabilitation				
Acquisition/Rehabilitation				
Conversion				
Total				

	# of Efficiency Units	# of 1 Bedroom Units	# of 2 Bedroom Units	# of 3 Bedroom Units	# of 3+ Bedroom Units	Total Units
MHP Assisted Units						
Restricted Units						
Market Rate Units						
Total						

6. Legislative Representative Information (for project site(s))

	District #	First Name	Last Name
Assembly			
Senate			
Congressional			

	District #	First Name	Last Name
Assembly			
Senate			
Congressional			

	District #	First Name	Last Name
Assembly			
Senate			
Congressional			

7. Supportive Housing or Special Needs Population

- ☐ Disabled Household including Developmental Disability
- ☐ Displaced Dependent Parent
- ☐ Individuals Exiting from Institutional Settings
- ☐ Emancipated Foster Youth
- ☐ Single-Parent Household
- ☐ Household enrolled in Welfare-to-Work Program
- ☐ Agricultural Worker
- ☐ Victims or Survivors of Domestic or Physical Abuse
- ☐ Homeless Persons or Persons at Risk of Becoming Homeless
- ☐ Chronic Substance Abusers
- ☐ Chronically Ill Persons including those with HIV and Mental Illness
- ☐ Other Chronic Health Condition (Specify): _____

Item A 2**NARRATIVE DESCRIPTION OF PROJECT**

Include a narrative description of the proposed development. The narrative must be organized into titled sections as indicated below:

1. Type of development (rehabilitation, new construction, etc.) and any significant design features (subterranean garage, hillside development, scattered sites, etc.) that affect feasibility and project cost.
2. Development experience of Sponsor. Describe roles, responsibilities and experience of Sponsor and other entities that will be involved in project development and operations.
- 3 Target tenant population and income and any proposed services.
4. Any particular issues associated with development and how they will be addressed, including but not limited to:
 - relocation requirements
 - environmental issues (hazardous materials, noise, flood plain, etc.)
 - historic considerations
 - Article XXXIV of the State Constitution
5. Ultimate form of ownership organization. If there are multiple partners or affiliate organizations, explain the role of each entity.
6. Current status of land ownership and how ownership will be held at project completion.
7. Describe the neighborhood and public transportation, shopping, medical services, recreation, schools, employment and other amenities marked on the Scaled Distance Map-**Item B 14**, particularly services that meet the needs of the target tenant population.

Item A 3**APPLICANT CERTIFICATION AND COMMITMENT OF
RESPONSIBILITY**

As the official designated by the governing body, I hereby certify that if approved by the Department for a Multifamily Housing Program (MHP) loan, _____ (Sponsor name) assumes the responsibilities specified in the Department's Notice of Funding Availability, dated January 16, 2003 , and in all applicable program Regulations and statutes and certifies that:

- A. It possesses the legal authority to apply for the MHP loan;
- B. It has resolved any audit findings or adverse actions taken by the Department within the last three years for prior Department or federally-funded housing or community development projects or programs to the satisfaction of the Department or federal agency by which the funding was made;
- C. It will comply with all statutes and regulations governing the MHP;
- D. The information, statements, and attachments contained in the application are, to the best of my knowledge and belief, true and correct. This application, if approved for funding, will be a part of your Standard Agreement with the Department.

I authorize the Department of Housing and Community Development to contact any agency, whether or not named in this application, which may assist in determining the capability of the applicant. All information contained in this application is acknowledged to be public information.

Signature: _____

Date: _____

Type Name: _____

Title: _____

Please note: If this certification is signed by someone other than the person authorized in the Governing Board Resolution (**Item B 11**), attach evidence which shows that the person signing has the legal authorization to sign.

Item A 4**NO DEFAULTS STATEMENT**

Attach to this form, five banking and business references and a brief description of your relationship with them. Please respond to the six questions below and if your answer to any question is "yes", please explain the circumstances in writing on a separate page attached to this form and sign and date this form below.

- (1) In the past five years, have you or any affiliate of yours, acted as a principal in connection with any real estate project, which has experienced either of the following:
- (a) A default in the payment of the mortgage ☐ YES ☐ NO
- (b) Foreclosure or delivery of a deed in lieu of foreclosure ☐ YES ☐ NO
- (2) Have you, or any affiliate of yours, filed for bankruptcy? ☐ YES ☐ NO
- (3) Are you, or any affiliate of yours, a defendant in any material pending civil or criminal legal action? ☐ YES ☐ NO
- (4) Are you or any affiliate of yours, subject to any unsatisfied judgments or liens? ☐ YES ☐ NO
- (5) Have you ever been charged with or convicted of a felony, fraud, or a securities violation? ☐ YES ☐ NO
- (6) Have you ever been convicted of a misdemeanor (other than a traffic violation)? ☐ YES ☐ NO
- (7) Are there any other conditions (financial/legal) not included above that would affect your ability to complete the project? ☐ YES ☐ NO

I hereby authorize the Department of Housing and Community Development to contact any agency, whether or not named in this application, which may assist in verifying the information contained in this application.

Signature: _____

Date: _____

Type Name: _____

Title: _____

Please note: If this statement is signed by someone other than the person authorized in the Governing Board Resolution (**Item B 11**), attach evidence which shows that the person signing has the legal authorization to sign.

Section B

MHP Eligibility Threshold Information

Projects not meeting all Eligibility Threshold requirements will not be eligible for an award of MHP funds.

Item

- B 1. Project Description Form
- B 2. Assessment of Rehabilitation Needs
- B 3. Relocation Plan or Preliminary Relocation Plan
- B 4. Tenant Selection Criteria
- B 5. Sponsor Eligibility Information Form
- B 6. Organizational Documents of Sponsor
- B 7. Identities of Interest Disclosure
- B 8. Organization's Experience
- B 9. Evidence of Site Control
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- B 16. Supportive Housing or Special Needs Population Project Plan Checklist
- B 17. Supportive Housing or Special Needs Population Project Plan

Item B 1**PROJECT DESCRIPTION FORM****A. Project Eligibility** - Section 7302 and 7320 (a)(1) through (3) of the MHP Regulations**Identify Project**

Name of Project: _____
 Site Address: _____
 City: _____ State: _____ Zip: _____
 County: _____ Census Tract: _____
 Assessor's Parcel Number(s): _____

Geographic Location (check area that applies) –Section 7317 (c) of the MHP Regulations:

____ Northern California ____ Southern California ____ Rural

NOTE: “Southern California” includes the counties of Kern, San Bernardino, San Luis Obispo, and all counties to the south. “Northern California” includes all other counties of the State. “Rural” is defined to be consistent with the definition used by TCAC for the tax credit program (Section 50199.21 of the Health and Safety Code), and a list of rural areas can be found in TCAC’s Application Supplement.

Type of Project (check one):

- ____ Development and Construction of a New Rental Housing Development
 ____ Rehabilitation of a Rental Housing Development
 ____ Acquisition and Rehabilitation of a Rental Housing Development
 ____ Conversion of a Nonresidential Structure to a Rental Housing Development

The project will be operated as: () Permanent Housing () Transitional Housing

Proposed projects are eligible **only** if:

1. Other development funding sources are insufficient to cover project development costs. See **Item C 3**, Worksheet to Determine Maximum Allowable Loan Amount; **and**
2. At the time of the application due date (March 18, 2003), the construction or rehabilitation work has not commenced, except for emergency repairs to existing structures required to eliminate hazards or threats to health and safety (Section 7302 (a)(3) of the MHP Regulations)

Does the proposed project meet these conditions? () YES () NO

Does the project involve both demolition of residential rental units and construction of new units? () YES () NO

If yes, how many units will be demolished? _____

Is this less than the number of new MHP-restricted units? () YES () NO

If no, the units to be demolished must be shown to be substandard and not economically feasible to rehabilitate. Submit as **Item B 2** Assessment of Rehabilitation Needs which details all necessary work to be undertaken, the associated costs, an analysis of available funding sources plus the condition and remaining useful life of the building's major structural components.

NOTE: The new MHP-restricted units may exist on separate parcels [except as provided in *Section 7301 (m) of the MHP Regulations*] provided all parcels are part of the same rental housing development (with common ownership, financing and management). In order to receive HCD approval as a scattered site project, all sites in the project must be subject to similar tenant selection procedures, rent restrictions, special needs groups to be served, and services to be provided. The sites will usually be contiguous or in close proximity to one another.

Relocation Requirements –Section 7315 of the MHP Regulations:

Prior to funding, the sponsor will be required to comply with the relocation requirements set forth in *Section 7315 of the MHP Regulations*. Will the project require tenants to vacate their units for any period of time; result in a rent increase; reduce the number of units; or otherwise trigger federal or state relocation requirements? () YES () NO

If yes, attach as **Item B 3**, a copy of the Relocation Plan, if available **or** a Preliminary Relocation Plan and budget which identifies the number of units affected and sources of funds for relocation.

Limitations on Project Occupancy (check if applicable):

_____ Supportive Housing or Special Needs Population (please identify): _____
 _____ Other (please describe): _____

As **Item B 4** detail any proposed Tenant Selection Criteria, and describe the rationale for these limits. Attach the Tenant Selection Plan as set forth in Section 7311 of the *MHP Regulations*, if available.

Project Square Footage:

Gross sq. footage of all residential units:_____	Gross sq. footage of all MHP-assisted units:_____
Gross sq. footage of all restricted units:_____	Gross sq. footage common areas:_____
Gross sq. footage community room:_____	Gross sq. footage childcare center:_____
Gross sq. footage commercial space:_____	Gross sq. footage social service facility:_____
Gross parking structure sq. footage:_____	Gross sq footage of all structures:_____
Gross Land sq. footage:_____	Gross Land Area (acres):_____

Scattered Sites? () YES () NO

Is this project being developed in phases? () YES () NO

Complete for Acquisition/Rehabilitation Projects:

Age of Existing Structures:_____	Number of Occupied Buildings:_____
Number of Existing Buildings:_____	Number of Existing Units:_____
Number of Stories:_____	Current Use:_____

Describe Project When Completed:

Number of Residential Buildings:_____	Number of Other Buildings:_____
Number of Stories:_____	Number of Elevators:_____
Total Number of Parking Spaces:_____	Number of Guest Parking Spaces:_____

Number of Parking Spaces: _____ Covered _____ Uncovered _____ Subterranean _____ Enclosed/garage

Unit Design (i.e., garden apartments, semi-detached):_____

AMENITIES INCLUDED IN THE RENT (check all amenities included in rent for all units):

<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	Washer/Dryer Hookups	<input type="checkbox"/>	Wet Bar	<input type="checkbox"/>	Security Gated
<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	Laundry Room(s)	<input type="checkbox"/>	Tot Lot(s)	<input type="checkbox"/>	Security Guard
<input type="checkbox"/>	Disposal	<input type="checkbox"/>	Walk-in Closets	<input type="checkbox"/>	Sauna(s)/Jacuzzi	<input type="checkbox"/>	Lakes or streams
<input type="checkbox"/>	Range	<input type="checkbox"/>	Vaulted Ceilings	<input type="checkbox"/>	Pool(s) # _____	<input type="checkbox"/>	Hot Water
<input type="checkbox"/>	Microwave	<input type="checkbox"/>	Wallpaper	<input type="checkbox"/>	Tennis Court(s)	<input type="checkbox"/>	Cold Water
<input type="checkbox"/>	Fireplace	<input type="checkbox"/>	Paneling	<input type="checkbox"/>	Basketball Court(s)	<input type="checkbox"/>	Sewer
<input type="checkbox"/>	Air Conditioning	<input type="checkbox"/>	Curtains/Blinds	<input type="checkbox"/>	Volleyball Court(s)	<input type="checkbox"/>	Garbage
<input type="checkbox"/>	Balcony/Patio	<input type="checkbox"/>	Garage	<input type="checkbox"/>	Picnic Area(s)	<input type="checkbox"/>	Cable TV

UNIT AMENITIES:

Heating: ☐ Central Heat ☐ Wall Heaters ☐ Gas Heating ☐ Electric Heating

Kitchen Countertops: ☐ Formica ☐ Tile ☐ Corian ☐ Fiberglass

Kitchen Sink: ☐ Cast Iron ☐ Stainless Steel ☐ Single ☐ Double

Bathroom Countertops: ☐ Formica ☐ Tile ☐ Corian ☐ Fiberglass

Shower/Tub: ☐ Tile ☐ Cast Iron ☐ Fiberglass ☐ Plastic

Roof Type: ☐ Flat Top ☐ Pitched ☐ Flat & Pitched

Roof Material: ☐ Concrete Tile ☐ Shake ☐ Wood Shingle
☐ Clay Tile ☐ Hot Mop ☐ Composition Shingle

Siding Code: ☐ Stucco ☐ Masonry ☐ Wood

Structure Code: ☐ Frame – 1 or 2 Story ☐ Reinforced Concrete - 1-6 Stories
☐ Frame – 3 or More Stories ☐ Reinforced Concrete - 1-6 Stories
☐ Reinforced Masonry ☐ Unreinforced Masonry
☐ Pre-Cast Reinforced

SITE FEATURES (check the applicable site features):

<input type="checkbox"/>	1% to 5% Grade	<input type="checkbox"/>	Retaining Wall(s)	<input type="checkbox"/>	High Water Table
<input type="checkbox"/>	6% to 10% Grade	<input type="checkbox"/>	Cuts:	<input type="checkbox"/>	Poor Drainage
<input type="checkbox"/>	11% to 20% Grade	<input type="checkbox"/>	Fills:	<input type="checkbox"/>	Erosion Problems
<input type="checkbox"/>	Over 20% Grade	<input type="checkbox"/>	100 Year Flood Zone	<input type="checkbox"/>	500 Year Flood Plain

Describe below any existing or proposed commercial space (see *Section 7301 (e) of the MHP Regulations* for a definition of commercial space). Identify tenants, and describe lease terms. Attach copy of lease, if available.

If the project will include childcare or social service facilities, describe the sources of operational funding for these facilities and the eligibility criteria that must be met to access the services provided by them. Describe below any limitations on the ability of MHP-assisted unit tenants to use the services (e.g., tenants must be agricultural workers to use the on-site health clinic). Attach copies of contracts for funding, if available.

Item B 5**SPONSOR ELIGIBILITY INFORMATION FORM****A. Sponsor Eligibility** –Section 7303 of the MHP Regulations

Does the project involve Co-Sponsorship? () YES () NO

If yes, submit this page in duplicate.

Sponsor:

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Contact Person: _____

Title: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Form of Legal Entity (check all that apply):

____ Individual ____ General partnership ____ Indian Reservation or Rancheria

____ Limited partnership ____ Joint venture ____ Limited Liability Corporation

____ Nonprofit corporation ____ For-profit corporation ____ Other (specify)

____ Public agency ____ Limited equity housing cooperative

Federal Tax ID Number _____

Submit as **Item B 6** Organizational Documents of the sponsor, including: certified copies of the Articles of Incorporation; By-Laws; Secretary of State Certificate of Good Standing; Certificate of Corporation; Evidence of 501(c)(3) status, if applicable; Partnership Agreements; LP-1 and/or LP -2; Joint Venture Agreements, etc.

Ultimate Owner/Borrower:

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Has this entity already been formed? ____ Yes ____ No

Contact Person: _____

Title: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Form of Legal Entity (if entity has been formed, check all that apply):

____ Individual ____ General Partnership ____ Indian Reservation or Rancheria

____ Limited Partnership ____ Joint venture ____ Limited Liability Company

____ Nonprofit Corporation ____ For-profit Corporation ____ Other (specify)

____ Public Agency ____ Limited Equity Housing Cooperative

Federal Tax ID Number _____

Ultimate Managing General Partner or Controlling Entity:

Does the project involve more than one General Partner? () YES () NO

If yes, submit this page in duplicate.

Legal Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____
 Title: _____
 Phone: () _____ Fax: () _____
 E-mail Address: _____

Has this entity already been formed? ____ Yes ____ No

Form of Legal Entity (if entity has been formed, check all that apply):

____ Individual ____ General partnership ____ Indian Reservation or Rancheria
 ____ Limited partnership ____ Joint venture ____ Limited Liability Corporation
 ____ Nonprofit corporation ____ For-profit corporation ____ Other (specify)
 ____ Public agency ____ Limited equity housing cooperative

Federal Tax ID Number _____

B. Identify Development Team (List those development team members that have been selected)

Architect:

Name: _____

Address: _____

Phone: _____

Attorney(s) and/or Tax Professionals:

Name: _____

Address: _____

Phone: _____

Consultant(s):

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Property Management Agent/Company:

Name: _____

Address: _____

Phone: _____

General Contractor:

Name: _____

Address: _____

Phone: _____

Investor(s):

Name: _____

Address: _____

Phone: _____

Market Analyst:

Name: _____

Address: _____

Phone: _____

Other (please specify): _____

Name: _____

Address: _____

Phone: _____

Submit as **Item B 7 - Identities of Interest Disclosure**, identify any persons or entities, including affiliated entities, that will provide goods or services to the project either: a) in more than one capacity; b) that qualify as a "Related Party" to any person or entity that will provide goods or services to the project, using TCAC's definition of "Related Party" (see Section 10302 of TCAC's regulations available online at <http://www.treasurer.ca.gov/CTCAC/ctcac.htm>).

Housing Development Experience – MHP Regulation Section 7303(c)

All Project Sponsors

In order to be eligible for funding, the sponsor must demonstrate experience relevant to **owning and developing** affordable rental housing. The ownership and development experience may be attributable directly to the sponsor or may be the ownership and development experience of a staff employed by the sponsor.

Ownership and development experience shall be documented in **Item D 4** of this application, along with the development experience necessary to garner points in the scoring section.

Supportive Housing and Special Needs Population Project Sponsor Options

The Sponsors of Supportive Housing and Special Needs Population Projects may document experience as noted above. **Or**, these Sponsors may choose to utilize one or both of the alternative methods of demonstrating experience as outlined in **Item D 4** of this application. **It is important to note that should Supportive Housing or Special Needs Project Sponsor employ either alternative method of demonstrating experience, the Sponsor must demonstrate both development and ownership experience in each project submitted for scoring consideration.** Schedules A, B, and C along with all other required documentation as indicated in **Item D5** must be complete.

All Project Sponsors must enter the total number of Projects documented in Item D 4 demonstrating both development and ownership experience.

Total Number of Projects Demonstrating Both Development and Ownership Experience (minimum of one to satisfy the eligibility threshold requirement)	
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Additional Documentation for All Sponsors

Submit as **Item B 8** – a Description of your Organization’s Experience relevant to owning and developing affordable rental housing.

NOTE: If the Sponsor is a joint venture and qualifies as an eligible sponsor based on the experience of only one joint venture partner, that partner must have a controlling interest in the joint venture and a substantial and continuing role in the project’s on-going operations, as evidenced in the documents governing the joint venture and included in **Item B 6**.

Demonstrated Site Control –Section 7303 (c) (2) (A)-(F) of the MHP Regulations:

Site control must be in the name of the sponsor or an entity controlled by the sponsor (the relationship between the sponsor and any affiliated entity must be clearly documented in **Item B 6**) and evidenced by one of the following (check one):

- ☐ Fee Title. Document in **Item B 10** with a current title report; or
- ☐ a leasehold interest on the project property with provisions that enable the lessee to make improvements on and encumber the property provided that the terms and conditions of any proposed lease shall permit compliance with all program requirements. A leasehold interest must have a term of no less than 65 years. Document with a copy of a fully executed and valid lease; or
- ☐ an enforceable option to purchase or lease which shall extend, or may be extended, for a minimum of three months beyond the deadline for application submittal (options of less than three months may be acceptable if the sponsor provides evidence satisfactory to the department that it has sufficient committed financing to acquire the property prior to expiration of the option). Document with a fully executed and valid option agreement; or
- ☐ a Disposition and Development Agreement (DDA) with a public agency. Document with a fully executed and valid DDA;

- _____ an agreement with a public agency that gives the sponsor exclusive rights to negotiate with that agency for acquisition of the site, provided that the major terms of the acquisition have been agreed to by both parties. Document with a fully executed and binding agreement; or
- _____ a land sales contract, or other enforceable agreement for the acquisition of the property. Document with a fully executed and binding contract of sale.

Submit as **Item B 9** a copy of the document that is Evidence of Site Control identified above.

Submit as **Item B 10** a current title report (dated no more than six months before the application due date) documenting that the entity conveying interest in the property holds title to the property.

APPLICATION REQUIREMENTS - INSTRUCTIONS

Projects **shall not** be eligible for funding unless the application demonstrates the following:

1. The MHP Application is complete pursuant to *Sections 7318 and 7320 (a)(4) of the MHP Regulations*. Applicants must complete and submit the Application Index and Application Item Checklist.
2. Submit as **Item B 11** the Governing Board Resolution from the sponsor, unless the sponsor is an individual, using one of the Sample Resolutions provided as a guide. Use the Sample appropriate for the organizational structure of the sponsor.
3. Submit as **Item B 12** the names of officers and board members of the sponsor's governing body.

Item B 11

**"SAMPLE" RESOLUTION OF THE BOARD OF DIRECTORS OF
[NAME OF CORPORATE BORROWER]**

[All of the directors / A majority of the directors] of [Name of corporation], a California [nonprofit / public benefit] corporation (the "Corporation"), hereby consent to, adopt and ratify the following resolutions:

Multifamily Housing Program

WHEREAS, the State of California, Department of Housing and Community Development (the "Department") has issued a Notice of Funding Availability ("NOFA") under its Multifamily Housing Program ("MHP") dated _____; and

WHEREAS, the Corporation is authorized to do business in the State of California and is empowered to enter into an obligation to receive State funds for the new construction or rehabilitation of a rental housing development, acquisition or rehabilitation of a rental housing development, or conversion of a nonresidential structure to a rental housing development;

WHEREAS, the Corporation wishes to obtain from the Department a MHP loan for a rental housing development; and

WHEREAS, the Corporation is an Eligible Sponsor under the Multifamily Housing Program.

NOW, THEREFORE, IT IS RESOLVED: That the Corporation is hereby authorized to submit an application to borrow an amount not to exceed \$ _____ (the "MHP Loan") in connection with the Department's loan of funds to the Corporation pursuant to the Notice of Funding Availability (NOFA) issued on [date] for use in the County of _____ [Name of County].

RESOLVED FURTHER: If the application is approved, the Corporation is hereby authorized to incur an obligation for the MHP Loan. That in connection with the MHP Loan, the Corporation is authorized and directed to enter into, execute, and deliver, a State of California Standard Agreement, and any and all other documents required or deemed necessary or appropriate to carry into effect the full intent and purpose of the above resolution, in order to evidence the MHP Loan, the Corporation's obligations related thereto, and the Department's security therefore; including, but not limited to, a promissory note, a deed of trust and security agreement, a regulatory agreement, a development agreement and certain other documents required by the Department as security for, evidence of or pertaining to the MHP Loan, and all amendments thereto (collectively, the "MHP Loan Documents").

RESOLVED FURTHER: The Corporation is further authorized to request amendments, including increases in amounts up to amounts approved by the Department, and to execute any and all documents required by the Department to govern and secure these amendments.

RESOLVED FURTHER: That [Name(s) and Title(s) of Corporate Officer(s)] [is/are] hereby authorized to execute an application for a MHP Loan, the MHP Loan Documents, and any amendment or modifications thereto, on behalf of the Corporation.

RESOLVED FURTHER: That this Resolution shall take effect immediately upon its passage.

Passed and adopted, effective as of _____, 20____, by the consent of the Board of Directors of the Corporation by the following vote: **[Note: The Resolution adoption date must be between the NOFA issuance date and the application due date.]**

AYES: _____ NAYS: _____ ABSTAIN: _____ ABSENT: _____

CERTIFICATE OF THE SECRETARY

The undersigned, Secretary of the Corporation does hereby attest and certify that the **[foregoing / attached]** Resolution is a true, full and correct copy of a resolution duly adopted at a meeting of said Corporation which was duly convened and held on the date stated thereon, and that said document has not been amended, modified, repealed or rescinded since its date of adoption and is in full force and effect as of the date hereof.

Secretary's Signature

Date

Type or Print Secretary's Name

Item B 11

"SAMPLE" RESOLUTION OF THE BOARD OF DIRECTORS OF [NAME OF CORPORATE GENERAL PARTNER]

[All of the directors / A majority of the directors] of [Name of corporation], a California [nonprofit / public benefit] corporation (the "Corporation"), hereby consent to, adopt and ratify the following resolutions:

Multifamily Housing Program

WHEREAS, the State of California, Department of Housing and Community Development (the "Department") has issued a Notice of Funding Availability under its Multifamily Housing Program ("MHP") dated _____; ("NOFA") and

WHEREAS, the Corporation is authorized to do business in the State of California and it is in the best interests of the Corporation and its [Members / Shareholders] for the Corporation to act as the [managing / sole] General Partner of [Name of Limited Partnership Borrower], a California limited partnership (the "Limited Partnership");

WHEREAS, the Limited Partnership wishes to obtain from the Department a MHP loan for a rental housing development; and

WHEREAS, the Limited Partnership is an Eligible Sponsor under the Multifamily Housing Program.

NOW, THEREFORE, IT IS RESOLVED: That the Corporation is hereby authorized to act as the [managing / sole] General Partner of the Limited Partnership and to submit an application on behalf of the Limited Partnership for a MHP loan to the Limited Partnership pursuant to the NOFA in an amount not to exceed \$ _____ (the "MHP Loan") for use in the County of _____[Name of County].

RESOLVED FURTHER: If the application is approved, the Corporation is hereby authorized to incur an obligation for the MHP Loan on behalf of the Limited Partnership. That in connection with the Limited Partnership's MHP Loan, the Corporation is authorized and directed to enter into, execute, and deliver, as the [managing / sole] General Partner of the Limited Partnership, a State of California Standard Agreement, and any and all other documents required or deemed necessary or appropriate to carry into effect the full intent and purpose of the above resolution, in order to evidence the MHP Loan, the Limited Partnership's obligations related thereto, and the Department's security therefore; including, but not limited to, a promissory note, a deed of trust and security agreement, a regulatory agreement, a development agreement and certain other documents required by the Department as security for, evidence of or pertaining to the MHP Loan, and all amendments thereto (collectively, the "MHP Loan Documents").

RESOLVED FURTHER: The Corporation is further authorized on behalf of the Limited Partnership to request amendments, including increases in amounts up to amounts approved by the Department, and to execute any and all documents required by the Department to govern and secure these amendments.

RESOLVED FURTHER: That [Name(s) and Title(s) of Corporate Officer(s)] [is/are] hereby authorized to execute an application for a MHP Loan, the MHP Loan Documents, and any amendment or modifications thereto, on behalf of the Corporation as the [managing / sole] General Partner of the Limited Partnership.

RESOLVED FURTHER: That this Resolution shall take effect immediately upon its passage.

Passed and adopted, effective as of _____, 20____, by the consent of the Board of Directors of the Corporation by the following vote: **[Note: The Resolution adoption date must be between the NOFA issuance date and the application due date.]**

AYES: _____ NAYS: _____ ABSTAIN: _____ ABSENT: _____

CERTIFICATE OF THE SECRETARY

The undersigned, Secretary of **[Name of Limited Partnership's Corporate General Partner]** does hereby attest and certify that the **[foregoing / attached]** Resolution is a true, full and correct copy of a resolution duly adopted at a meeting of said Corporation which was duly convened and held on the date stated thereon, and that said document has not been amended, modified, repealed or rescinded since its date of adoption and is in full force and effect as of the date hereof.

Secretary's Signature

Date

Type or Print Secretary's Name

Item B 11

**"SAMPLE" RESOLUTION OF THE MEMBERS OF
[NAME OF LIMITED LIABILITY COMPANY GENERAL PARTNER]**

[All of the managers / A majority of the managers] of [Name of limited liability company], a California limited liability company (the "Limited Liability Company"), hereby consent to, adopt and ratify the following resolutions:

Multifamily Housing Program

WHEREAS, the State of California, Department of Housing and Community Development (the "Department") has issued a Notice of Funding Availability under its Multifamily Housing Program ("MHP") dated _____; ("NOFA") and

WHEREAS, the Limited Liability Company is authorized to do business in the State of California and it is in the best interests of the Limited Liability Company and its [Members] for the Limited Liability Company to act as the [managing / sole] General Partner of [Name of Limited Partnership Borrower], a California limited partnership (the "Limited Partnership"); and

WHEREAS, the Limited Partnership wishes to obtain from the Department a MHP loan for a rental housing development; and

WHEREAS, the Limited Partnership is an Eligible Sponsor under the Multifamily Housing Program.

NOW, THEREFORE, IT IS RESOLVED: That the Limited Liability Company is hereby authorized to act as the [managing / sole] General Partner of the Limited Partnership and to submit an application on behalf of the Limited Partnership for a MHP loan to the Limited Partnership pursuant to the NOFA in an amount not to exceed \$ _____ (the "MHP Loan") for use in the County of _____ [Name of County].

RESOLVED FURTHER: If the application is approved, the Limited Liability Company is hereby authorized to incur an obligation for the MHP Loan on behalf of the Limited Partnership. That in connection with the Limited Partnership's MHP Loan, the Limited Liability Company is authorized and directed to enter into, execute, and deliver, as the [managing / sole] General Partner of the Limited Partnership, a State of California Standard Agreement, and any and all other documents required or deemed necessary or appropriate to carry into effect the full intent and purpose of the above resolution, in order to evidence the MHP Loan, the Limited Partnership's obligations related thereto, and the Department's security therefore; including, but not limited to, a promissory note, a deed of trust and security agreement, a regulatory agreement, a development agreement and certain other documents required by the Department as security for, evidence of or pertaining to the MHP Loan, and all amendments thereto (collectively, the "MHP Loan Documents").

RESOLVED FURTHER: The Limited Liability Company is further authorized on behalf of the Limited Partnership to request amendments, including increases in amounts up to amounts approved by the Department, and to execute any and all documents required by the Department to govern and secure these amendments.

RESOLVED FURTHER: That [Name(s) and Title(s) of Limited Liability Company Officer(s)] [is/are] hereby authorized to execute an application for a MHP Loan, the MHP Loan Documents, and any amendment or modifications thereto, on behalf of the Limited Liability Company as the [managing / sole] General Partner of the Limited Partnership.

RESOLVED FURTHER: That this Resolution shall take effect immediately upon its passage.

Passed and adopted, effective as of _____, 20____, by the consent of the Managers of the Limited Liability Company by the following vote: **[Note: The Resolution adoption date must be between the NOFA issuance date and the application due date.]**

AYES: _____ NAYS: _____ ABSTAIN: _____ ABSENT: _____

CERTIFICATE OF THE SECRETARY

The undersigned, Secretary of **[Name of Limited Partnership's Limited Liability Company General Partner]** does hereby attest and certify that the **[foregoing / attached]** Resolution is a true, full and correct copy of a resolution duly adopted at a meeting of said Limited Liability Company which was duly convened and held on the date stated thereon, and that said document has not been amended, modified, repealed or rescinded since its date of adoption and is in full force and effect as of the date hereof.

Secretary's Signature

Date

Type or Print Secretary's Name

PROJECT ELIGIBILITY

Projects **shall not** be eligible for funding unless the application demonstrates the following:

1. The project site is free from severe adverse environmental conditions, such as the presence of toxic waste that is economically infeasible to remove, pursuant to *the MHP Regulations Section 7320 (a)(6)*. Attach as **Item B 13** all available Phase I or II Environmental Site Assessment Reports with any follow-up analysis (e.g., asbestos or lead based paint analysis) or information on mitigation completed; and
2. In relation to the needs of the project tenants, the project site is reasonably accessible to public transportation, shopping, medical services, recreation, schools, and employment, pursuant to *Section 7320 (a)(7) of the MHP Regulations*. Submit as **Item B 14**:
 - a. a Parcel Map which clearly indicates the location of the site and,
 - b. a Scaled Distance Map showing the location of the project site and of public transportation (bus routes and bus stops), shopping, medical services, recreation, schools, employment and other amenities within a two mile radius of the site and,
3. Submit as **Item B 15** Evidence of Article XXXIV of the State Constitution compliance or its inapplicability.
 - a. Does the locality have sufficient Article XXXIV Authority to accommodate the project? Document the Authority with the letter from the locality.
 - b. If local Article XXXIV Authority does not exist, submit a letter from the project attorney explaining how the project complies with Article XXXIV requirements.

Supportive Housing and Special Needs Population Projects

Projects may be submitted for approval as Supportive Housing or Special Needs Population Projects. In order to be approved as a Supportive Housing or Special Needs Population Project: (1) the Supportive Housing or Special Needs Population Project Plan Checklist must be submitted as **Item B16**, and (2) the completed Supportive Housing or Special Needs Population Project Plan must be submitted as **Item B17**.

Supportive Housing and Special Needs Projects must comply with the specific requirements contained in the MHP NOFA dated January 16, 2003 (the NOFA) and in the MHP Regulations adopted January 8, 2002 (MHP Regulations). Projects shall be subject to HCD determination that the project has met all relevant requirements in order to qualify as either a Supportive Housing Project or Special Needs Population Project.

Item B 16 Supportive Housing or Special Needs Population Project Plan Checklist

The Supportive Housing or Special Needs Population Project Plan Checklist shall serve as a guide to ensure that the Supportive Housing or Special Needs Population Project Plan is complete. Note on the Checklist that each part and section of the Supportive Housing or Special Needs Population Project Plan (**Item B 17**) is complete. Submit the Checklist as **Item B 16**.

Part 1. Populations to be Served.

- ☐ Section 1: Populations to be Served Checklist.
- ☐ Section 2: Narrative Tenant Selection Criteria

Part 2. Supportive Services

- ☐ Section 1: Verification from Appropriate Public or Non-profit Funding Agency
- ☐ Section 2: Supportive Service Plan Chart(s)

Part 3. Supportive Services Budget

- ☐ Section 1: Service Funding History
- ☐ Section 2: Supportive Services Budget Table
- ☐ Section 3: Funding and Service Commitments
- ☐ Section 4: Supportive Service Coordinator Job Description

Part 4. Project Sponsor and Service Provider Experience

- ☐ Section 1: Project Sponsor Experience
- ☐ Section 2: Service Provider Experience

Part 5. Property Management Experience

- ☐ Section 1: Property Management Experience
- ☐ Section 2: Management Contract

Part 6 Collaboration

- ☐ Section 1: Collaborative Relationship Description
- ☐ Section 2: Collaborative Relationship Documentation

Item B 17

Supportive Housing or Special Needs Population Project Plan

HCD will make the determination that a project qualifies as a Supportive Housing or Special Needs Population Project based on the content and organization of the Supportive Housing or Special Needs Population Project Plan to be submitted as **Item B 17**. The Plan, organized into the six sections shown below, must document the requirements as follows:

Part 1. Populations to be Served.

Section 1. Eligible Households: As Section 1 of Part 1, complete and submit the applicable unit calculation and checklist shown below, specifying each Special Needs Population to prospectively occupy the units reserved for Special Needs Populations or Supportive Housing Eligible Households.

Special Needs Population Projects Only

Number of: Project Units (less manager's unit) _____ Special Needs Population Units _____

Percentage of Special Needs Population Units _____

The prospective residents must qualify as a special needs population member pursuant to *MHP Regulation Section 7301 (gg)*.

- ☐ Mentally Disabled Households
- ☐ Physically Disabled Households
- ☐ Persons with HIV/AIDS
- ☐ Developmentally Disabled Households
- ☐ Agricultural Workers
- ☐ Single-Parent Households
- ☐ Victims or Survivors of Domestic or Physical Abuse
- ☐ Households Enrolled in Welfare to Work Programs
- ☐ Homeless Persons or Persons At Risk of Becoming Homeless
- ☐ Other Chronic Health Condition, meaning an individual or household having:
 - a. a disability as defined in Section 223 of the Social Security Act (42 USC 423), or
 - b. other physical or mental impairment
- ☐ Displaced Dependent Parents (or Expectant Dependant Parents)
- ☐ Emancipated Foster Youth
- ☐ Individuals Exiting from Institutional Settings
- ☐ Chronic Substance Abusers

Supportive Housing Projects Only

Number of: Project Units (less manager's unit) _____ Supportive Housing Units _____

Percentage of Supportive Housing Units _____

Eligible Households must be homeless or at-risk of homelessness as defined in the NOFA. Additionally, households eligible to occupy Supportive Housing Units must include a disabled adult. Qualifying disabilities must meet all criteria established in the NOFA and include:

- ☐ Mental Illness
- ☐ HIV or AIDS
- ☐ Chronic Substance Abuse
- ☐ Other Chronic Health Condition, meaning an individual or household having:
 - a. disability as defined in Section 223 of the Social Security Act (42 USC 423), or
 - b. other physical or mental impairment
- ☐ Developmental Disability

Section 2. Tenant Selection Criteria: As Section 2 of Part 1, include detailed tenant selection criteria. The tenant selection criteria must conclusively document occupancy shall be limited to eligible households as defined in the MHP Regulations and in the NOFA. Identify expected referral sources.

Note: The Department may condition funding on the elimination of restrictions that it believes to be impermissible, or reject an application where it determines that compliance with applicable law is not feasible.

Part 2. Supportive Services

Supportive Housing and Special Needs Population Projects shall be designed to provide affordable housing with access to an array of services and supports for individuals whose ability to live independently would be improved by the availability of support services. Applications for Supportive Housing and Special Needs Population Projects must demonstrate that the project is linked to services that assist the tenant to: retain the housing; improve his or her health; and maximize his or her ability to live and where possible, work in the community.

Examples of services and program components are illustrated in Exhibit A to Attachment 1 to the NOFA, Services and Program Components by Special Needs Population. Specific project circumstances may indicate the need for services beyond the levels illustrated in Exhibit A or the lack of need of some services illustrated in Exhibit A. Some projects may target Special Needs Populations for which services are not illustrated in Exhibit A. Supportive Housing and Special Needs Project Sponsors shall be required to submit a Supportive Services Plan documenting that the project will ensure the availability of services that meet the needs of the target population served by the project. All Supportive Service Plans will be evaluated with respect to the level of services illustrated in Exhibit A.

Section 1. Verification from Appropriate Public or Non-profit Funding Agency: All applications shall include, as Section 1 of Part 2, a verification from the appropriate public or non-profit funding agency (e.g. for the chronically mentally ill – the County Department of Mental Health) knowledgeable of the supportive service needs of the targeted special needs population indicating that the proposed services are appropriate to meet the needs of the targeted special needs population(s). The verification shall endorse the project sponsor as a known provider of support services similar to those being proposed. Use the attached Supportive Service Verification from the Appropriate Public or Non-Profit Agency Form.

Item B 17
Part 2 Section 1
Supportive Services Verification from the Appropriate Public or
Non-Profit Funding Agency Form

To the project sponsor: Complete the project sponsor, service provider, project, and target population information sections below. Then submit this form along with a copy of the Supportive Housing or Special Needs Population Project Plan contained in the application, to the appropriate public or non-profit funding agency (e.g. for the chronically mentally ill – the County Department of Mental Health) knowledgeable of the supportive services needs of the targeted population(s). Submission of this form shall constitute certification by the sponsor that a true copy of the Supportive Housing or Special Needs Project Plan submitted in the application has been submitted to the funding agency named below. The form may be submitted to more than one agency or department if necessary.

PROJECT SPONSOR:
 SERVICE PROVIDER:
 PROJECT NAME:
 PROJECT ADDRESS/SITE:
 PROJECT CITY:
 PROJECT COUNTY:
 TARGET POPULATION(S):

To the public or non-profit funding agency: The project sponsor named above is submitting an application to the State Department of Housing and Community Development (HCD) requesting funding for the project named above under the Multifamily Housing Program (MHP). The application for MHP funding is subject to HCD's determination that the project qualifies as a Supportive Housing or Special Needs Population Project. The findings of your agency will be considered in the review process. Please review the attached copy of the Supportive Housing or Special Needs Population Project Plan, note your findings in the chart below, and complete the signature block below the chart. Please attach comments for any "no" and as otherwise necessary. Your cooperation is appreciated.

	Yes	No
We have reviewed the Supportive Housing or Special Needs Project Plan submitted for the project named above.		
To the best knowledge of this funding agency, there are no known conditions that would preclude the service provider from making accessible, the services proposed in the Supportive Housing or Special Needs Project Plan.		
The services proposed in the Supportive Housing or Special Needs Project Plan are appropriate to meet the needs of the target population(s) named above.		
The project sponsor or service provider is a known provider of support services similar to those being proposed.		

Dated: _____

Statement Completed by (please print): _____

Signature: _____

Title: _____

Agency or Department: _____

Agency or Department Address: _____

Agency or Department Phone: _____

ITEM B 17, PART 2, SECTION 2
SUPPORTIVE SERVICES PLAN CHART

Section 2. Supportive Services Plan: Each prospective population to be served and each service to be made accessible shall be evaluated separately in Section 2. When serving multiple populations replicate this chart, using one chart for each population to be served. Similarly, should the services to be made available to any one population exceed the capacity of the chart, replicate the chart and designate a second sheet as a continuation for a specific population.

Population to be Served (list one population only, use separate sheets for each population to be served): _____

Narrative Describing the Population to be Served Including any Unique Needs of the Population:

Supportive Service List each service separately, use additional sheets if necessary.	Narrative Describing the Service Provide a description of the service.	Service Provider Name the service provider. If the provider is not the sponsor, indicate the type of agreement under which the service will be provided (i.e., contract or memorandum of understanding). Attach signed contracts or memorandums of understanding in Part 3, Section 3.	Service Accessibility Indicate if the service is to be provided on or off-site. For off-site services indicate the means by which residents will access the service.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Part 3. Supportive Services Budget

Section 1. Service Funding History Table: The purpose of this section is to document the funding history of the qualifying service provider. The service provider shall document a history of securing supportive service funding sufficient for HCD to make a determination that the provider will be able to access funds from the programs that fund the services identified in the Supportive Services Plan. List only funding obtained in the last five years. Complete and submit a table, formatted and containing the information as shown below.

Funding History for: _____ (Name of Service Provider)				
Source of Funds Include Reference name and telephone number	Use of Funds	Amount of Funds	Award Date and Funding Term	Special Needs Population(s) Served

Section 2. Supportive Services Budget Table: Submit as Section 2 of Part 3 a Preliminary Line Item Supportive Services Budget in a table, using the format supplied below.

Source Include the name and address of the agency/organization along with a contact name and telephone number.	Value	Type of Assistance (Funds, Services, Etc.)	Status of Commitment (committed or not committed)	Percentage of Total Budget
Total Supportive Services Budget Amount				\$x,xxxx

Section 3. Funding and Service Commitments: A minimum of 25% of the total supportive services budget must be committed or supported by a letter of intent specifying the following: project name; description of funds or services; value of funds or services; term of funding or service; a brief description and history of the agency/organization providing the funding or service; and any license or certification related to the services.

Section 4. Supportive Service Coordinator: Provide a complete job description for the Supportive Service Coordinator position. Include a description of the role of the service coordinator and the number of hours that will be spent at the project working with tenants. Reference cost amounts shown in the Supportive Services Budget Table and in the First Year Operating Budget and Cash Flow Analysis (**Item C 11**) , if applicable.

Part 4. Project Sponsor and Service Provider Experience.

Section 1. Project Sponsor Experience Table: The project sponsor must document a minimum of 24 months experience in the ownership or operation of at least one special needs or supportive housing project that meets the standard of five or more dwelling units to qualify as a rental housing development. Select one of the projects documented for Sponsor Development and Ownership Experience in **Item D4** that meets the criteria required in this section. Submit a table formatted and containing the information as shown:

Project Provide the name and address of the project	Number of Units Contained in the Project	Ownership or Operation Term Provide the beginning and end dates of ownership or operation	Population(s) Served List each special needs population served	Service Provider Provide contact name, address, and telephone number if the provider is other than the sponsor	References Provide at one reference able to verify the role of the sponsor in the project submitted for experience. Include the organization name and contact name, title, and telephone number.
--	--	--	---	---	---

Section 2. Service Provider Experience: The service provider (may be the sponsor) must document at least 24 months in the successful provision of services to the proposed *targeted population*. Submit a table formatted and containing the information as shown:

Proposed Service Provider: _____		
Population(s) Served	Beginning and End Dates Services Provided	Name and Telephone Number of Affiliated Project Operator

Part 5. Property Management Experience.

Section 1. Property Management Experience: The sponsor shall document that the proposed property manager has at least 24 months experience managing a Supportive Housing or Special Needs Population Project. The project must meet the standard of five or more dwelling units to qualify as a rental housing development. When documenting the experience of the property manager, submit a table formatted and containing the information as shown:

Proposed Property Manager: _____				
Project Name and Address	Number of Units Contained in the Project	Contact Name and Telephone Number for the Project Owner/Operator	Special Needs Population(s) Served	Dates Property Management Began and Ended

Section 2: Property Management Contract: Where the project sponsor is contracting for property management services, the sponsor must include a copy of the management contract or a letter of interest from the proposed property manager indicating a willingness to enter into the contract for management services to the project.

Part 6. Collaboration

Supportive Housing Projects Only

Approved Supportive Housing Projects demonstrating collaboration are eligible for an advantage in the leverage scoring category. Applications will be deemed to meet the collaboration criteria if the application documents a commitment from an organization other than the applicant or affiliates of the applicant to provide a portion of the services to project residents. Cooperation among specialized intra-organizational programs, groups, or departments may also qualify as collaboration.

Section 1. Collaborative Relationship Description: As Section 1 of Part 6, include a short narrative describing a collaborative relationship with an outside service provider or an intra-organizational program, group, or department. Describe the specific services with which the collaborative entity will be involved.

Section 2. Collaborative Relationship Documentation: As Section 2 of Part 6, include a contract, commitment, letter of intent, letter of interest, or letter of understanding from the collaborative entity, program, group, or department. The documentation (on letterhead if a letter) must include the project address and specify those services included in the collaborative effort.

Section C

Project Feasibility

Items

- C 1. Local Approvals and Zoning/Land Use Form
- C 2. Development Timetable
- C 3. Worksheet to Determine Maximum Allowable Loan Amount
- C 4. Loan Limit Worksheet
- C 5. Shared Cost Calculation Worksheet
- C 6. MHP Loan Amount Calculation Worksheet
- C 7. Project Financing (Sources of Funds)
- C 8. Project Sources and Uses
- C 9. Income Information
- C 10. Annual Residential Operating Expenses
- C 11. First Year Operating Budget and Cash Flow Analysis
- C 12. 15 Year Pro Forma
- C 13. Documentation Justifying On-Site Services Coordination
- C 14. Estimate of Unit Construction Cost Based on Prevailing Wage Rates
- C 15. Off-Site Improvement Costs
- C 16. Appraisal and Market Study
- C 17. Copies of Planning Approvals
- C 18. Copies of Resumes of the Project Contractor and Architect
- C 19. Copies of Schematic Drawings
- C 20. Description of Current Condition-rehabilitation projects only
- C 21. Scope of Work-rehabilitation projects only
- C 22. Current Rent Roll-rehabilitation projects only
- C 23. Utility Allowance Estimates
- C 24. Copy of Letter to Local Government

Complete **Item C 1** – Local Approvals and Zoning/Land Use.

Complete **Item C 2** - Development Timetable.

Complete **Item C 3** – Worksheet to Determine Maximum Allowable Loan Amount.

Complete **Item C 4** – Loan Limit Worksheet.

Complete **Item C 5** – Shared Cost Calculation Worksheet.

Complete **Item C 6** – MHP Loan Amount Calculation Worksheet.

Complete and submit **Item C 7- Project Financing (Sources of Funds)- Construction Financing and Permanent Financing** which provides a description of all construction and permanent financing sources and evidence of commitment status.

Funding commitments must be documented. For all funding sources, please provide copies of enforceable loan commitment letters (not interest letters) or, where available, grant awards, subsidy contracts or loan documents. Financing commitments must contain the following information:

- a. The Sponsor or the ultimate owner is named as the borrower;
- b. The project name;
- c. The project site's address, assessor's parcel number, legal description;
- d. The amount, interest rate and terms of the financing being committed; and
- e. The commitment must be fully executed.

If any of the above elements are missing from the construction loan commitment letters, full points for Project Readiness cannot be awarded (Scoring Sheet 6-**Item D 7**).

Note: To receive points, deferred-payment financing, grants, and subsidies must be committed in accordance with TCAC requirements and are subject to the same exceptions as allowed by TCAC Regulations in Section 10325(d)(8)(e) and (f). These exceptions include: (1) the Affordable Housing Program (AHP) provided by a program of the Federal Home Loan Bank; (2) RHS Section 514, 515, or 538 programs; (3) California Housing Finance Agency's Proposition 1A School Facility Fee Reimbursement Program; (4) the Department of Housing and Urban Development's Supportive Housing Program (SHP); (5) the California Department of Mental Health's Supportive Housing Initiative Act Program; or (6) projects that have received a Reservation of HOME funds from the applicable participating jurisdiction.

Complete and submit **Item C 8- Project Sources and Uses for the permanent financing period**.

Complete and submit **Item C 9-Income Information** (Section G of the TCAC application; use either the TCAC form itself or this Item). For low income units, identify both the income level and source of the restriction in column (g) (e.g., MHP 35% SMI, CDLAC 60% AMI). Note that, pursuant to *Section 7310 of the MHP Regulations*, units restricted to the lowest income groups cannot be disproportionately concentrated among the smaller units.

Complete and submit **Item C 10- Annual Residential Operating Expenses**.

Complete and submit **Item C 11- First Year Operating Budget and Cash Flow Analysis**.

Complete and submit as **Item C 12- 15 year pro forma** of all revenue and expense projections using the underwriting assumptions set forth in *Section 7319 (a)-(h) of the MHP Regulations*. **Item C12** provides an example of a pro forma format. The Department will accept a similar format using at least the same level of detail.

NOTE: If the project has a project-based rental subsidy, provide a pro forma with the rental subsidy shown as income and rents in the amounts submitted in the MHP Application. Provide a second pro forma assuming the termination of the rental subsidy. In the second pro forma, show rents previously covered by the subsidy increased to

the minimum extent required for fiscal integrity, but not in excess of 30% of 50% of AMI, pursuant to *Section 7312(d)(3) of the MHP Regulations*.

Submit as **Item C 13- Non-Special Needs Populations projects** requesting inclusion of the cost of on-site supportive services coordination as an operating expense must provide the following documentation:

- a. A description of the population to be served, their supportive service needs and the need for a services coordinator to link the targeted population to supportive services.
- b. The annual residential operating expense budget and 15-year *pro forma* must demonstrate project financial feasibility under MHP underwriting standards.
- c. A duty statement for the services coordinator position that specifies:
 - i. The objective or purpose of the position, given the special needs of the project's population;
 - ii. A description of the knowledge, skills and abilities needed by the person who will fill the position;
 - iii. A description of tasks to be performed, which could include:
 - Provide general case management and referral services;
 - Set up service agency listing for self-referral. This directory could include a listing of state and local service providers that residents can contact for assistance (e.g., services to families, children, persons with disabilities, emergency assistance.)
 - Sponsor educational events that may include subjects relating to health care, job search seminars, life skills training, etc.;
 - Facilitate formation of self-help groups within the project's community that target a particular need of residents;
 - Monitor the ongoing provision of services by provider agencies and the impact of services on the progress of individuals;
 - Set up volunteer support programs with service organizations in the community;
 - Help residents build informal support networks with other residents, family and friends;
 - Provide training to project residents in the obligations of tenancy or coordinate such training;
 - iv. The percentage of time the coordinator will spend performing each of the tasks;
 - v. The percentage of time the coordinator will spend coordinating services for residents of the MHP-assisted project vs. coordinating services for non-project tenant populations vs. other work tasks.
 - vi. A description of the records to be kept regarding the services coordinator's activities.
- d. A budget showing the cost items for the services coordinator position.

NOTE: Services Coordinators may not directly deliver services, nor may they perform unrelated administrative duties or act as the recreational or activities director for the project. To the extent a fulltime service coordinator position is not funded as a project operating expense, the same staff person could be funded from other sources to undertake non-service coordinator job functions. Supportive services costs other than on-site supportive services coordination are not allowed as operating expenses for non-Special Needs Populations projects. The total operating expense minimums specifically listed in California Code of Regulations, Title 4, Section 10327 must be met exclusive of the cost of on-site supportive services coordination and property taxes.

Submit as **Item C 14 for new construction projects**: provide an Estimate of Unit Construction Costs based on Prevailing Wages. Provide a detailed draft or final scope of work listing in detail all hardware, appliances, plumbing fixtures and all special accessibility features. List the name, phone number and qualifications of the person who prepared this estimate and describe the method used to determine the figures.

Submit as part of **Item C 15- Off-Site Improvement Costs**, provide documentation supporting the budgeted costs for off-site improvements, local impact fees and permit fees, and any unusual costs.

Submit as **Item C 16- Appraisal and Market Studies** completed for the project, as available.

Submit as **Item C 17** Copies of planning approvals; variances; conditional use permits; density bonuses; and describe any easements, deed restrictions or Covenants, Conditions and Restrictions (CC&R) that could restrict use.

Submit as **Item C 18** copies of resumes or statement of qualifications for the project contractor and architect with a description of all previous participation, if available.

Submit as **Item C 19** copies of the Schematic Drawings of the site plan, floor plans, and building elevations, if available.

Submit as **Item C 20** for rehabilitation projects: Description of Current Condition of the structure(s) and a general description of the overall scope of work. Include a discussion of any proposed modification the unit configurations, unit mix, need for seismic retrofit, or modifications in use (e.g., commercial/tourist hotel to SRO or studio apartments). Provide copies of any available consultant reports, such as Capital Needs Assessment, Physical Needs Assessment, Replacement Reserve Study, Feasibility Studies. **Note:** For all projects involving rehabilitation of existing structures, regardless of the extent of the planned construction work, the Department requires the completion of a Physical Needs Assessment by a qualified independent third party contractor, prior to start of construction.

Submit as **Item C 21** for rehabilitation projects: provide a detailed proposed Scope of Work with line item estimate of rehabilitation costs. List the name, phone number and qualifications of the person who prepared this estimate and describe the method used to determine the figures.

Submit as **Item C 22** for rehabilitation projects only: a copy of the Current Rent Roll and tenant income and household size information, submit by unit, if available.

Submit as **Item C 23** Utility Allowance Estimates provided by a letter from the Housing Authority and the Utility Allowance Schedule as provided by the respective county Housing Authority. Sponsor must indicate which components of the utility allowance schedule apply to the project.

Submit as **Item C 24** a copy of the Letter Submitted to the Legislative Body of the local government, in which the project site is located, notifying them of the sponsor's MHP application for funds.

Item C 1

Local Approvals and Zoning/Land Use

Local Approvals Required

Identify Project Approvals Required or Indicate "Not Applicable":

	<i>Application Date</i>	<i>Estimated Approval Date</i>	<i>Actual Approval Date</i>
CEQA Review			
CEQA Negative Declaration			
NEPA			
Phase 1 or 2 Environmental Site Assessment			
Soils Report			
Coastal Commission Approval			
Article XXXIV Compliance			
Site Plan			
Design Review			
Conditional Use Permit			
Variance Approval			

List any additional local governmental approvals required and status of approval:

ZONING/LAND USE (describe the following):

Current Land Use Designation:	
Current Zoning and Maximum Density:	
Proposed Zoning and Maximum Density:	
Does this site have Inclusionary Zoning?	() YES () NO
Will a variance or CUP be required:	() YES () NO
Are there any occupancy restrictions that run with title to the land because of Conditional Use Permits or Density Bonuses:	() YES () NO Describe:
Building Height Limits:	
Required Parking Ratio:	
Is the site in a Redevelopment Area?	() YES () NO

Item C2 DEVELOPMENT TIMETABLE

Project Name: _____

<u>Scheduled</u> (Indicate Month/Year)		<u>Actual</u> (Indicate Month/Year)
--	--	---

SITE

____/____	Phase 1 or 2 Environmental Site Assessment Completed	____/____
____/____	Site Acquired	____/____

LOCAL PERMITS/APPROVALS

____/____	Conditional Use Permit	____/____
____/____	Variance	____/____
____/____	Site Plan Review	____/____
____/____	Grading Permit	____/____
____/____	Building Permit	____/____
____/____	Density Bonus	____/____

CONSTRUCTION FINANCING

Name of each lender, grant & dates of enforceable commitments or awards

____/____	1. _____	____/____
____/____	2. _____	____/____
____/____	3. _____	____/____
____/____	4. _____	____/____
____/____	5. _____	____/____

PERMANENT FINANCING

Name of each lender, grant & dates of enforceable commitments or awards

____/____	1. _____	____/____
____/____	2. _____	____/____
____/____	3. _____	____/____
____/____	4. _____	____/____
____/____	5. _____	____/____

LOAN CLOSING

____/____	Construction Loan Closing	____/____
____/____	Construction Start	____/____
____/____	Construction Complete	____/____
____/____	TCAC Placed In Service Application	____/____
____/____	Occupancy of All Assisted Units	____/____
____/____	MHP Permanent Loan Closing	____/____

Item C 3

**WORKSHEET TO DETERMINE MAXIMUM ALLOWABLE LOAN
AMOUNT**

MHP Regulation Section 7302 (a)(2)

PERMANENT FINANCING	
Total Project Cost	\$0
<i>Less</i> Net Syndication Proceeds/Investor Equity	\$0
<i>Less</i> Additional Owner/General Partner Equity	\$0
TOTAL ESTIMATED FUNDING NEEDED	\$0
<i>Less</i> Supportable Conventional or Bond Debt Financing	\$0
<i>Less</i> "Soft" Financing and Grants	\$0
FUNDING GAP =	\$0

Note:

Excludes any bridge loan from funding gap calculation.

Item C 4

LOAN LIMIT WORKSHEET

(Section 7307 of the MHP Regulations)

Enter unit sizes and rent restriction levels as shown on **Item C9** of MHP Application. Enter corresponding loan amounts indicated on NOFA Attachments 2 and 3. Enter manager's unit at 60% level

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
AMI Level	Per Unit Loan Limit for Efficiency Unit	# of Restricted Efficiency Units	Total Allowed for Efficiency Units (B X C)	Per Unit Loan Limit for 1 Br.	# of Restricted 1 Br.	Total Allowed for 1 Br. (E X F)	Per Unit Loan Limit for 2 Br.	# of Restricted 2 Br.	Total Allowed for 2 Br. (H X I)	Per Unit Loan Limit for 3 Br.	# of Restricted 3 Br.	Total Allowed for 3 Br. (K X L)	Per Unit Loan Limit For 4+ Br.	# of Restricted 4+ Br.	Total Allowed for 4+ Br. (N X O)
60%															
55%															
50%															
45%															
40%															
35%															
30%															
SMI Level															
40%															
35%															
20%															

Column	D	G	J	M	P	TOTAL
Sum of Column						

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Item C 5**SHARED COST CALCULATION WORKSHEET****For Projects Containing No Commercial Space.**

Pursuant to *Section 7304 (c) of the MHP Regulations*, the shared cost factor will be based on the ratio between the gross floor area of the Restricted Units and the gross floor area of all Residential Units.

- A. Gross Square Footage of Restricted Units _____
- B. Gross Square Footage of all Residential Units _____
- C. Factor, Divide A by B, Express as a Whole Number Percentage _____ %
- D. All Eligible Costs _____
- E. Multiplied by Factor C Above x _____ %
- F. Maximum Program Loan Amount _____

Note: The above is a safe harbor calculation. Sponsor may substitute a more precise calculation of costs associated exclusively with Restricted Units, but must clearly illustrate its calculation methodology on a separate page(s) placed after this attachment. The Sponsor's calculation result should be placed on line F with a footnote that an explanation of the methodology used has been attached.

OR

For Projects Containing Commercial Space

Calculate proportion of total development costs attributable to restricted units pursuant to *Section 7304 (c) of the MHP Regulations*. Clearly show calculation and attach to this page.

Portion of TDC attributable to Restricted Units: G. _____ %

HCD has an excel spreadsheet available for assistance in performing these calculations. For those projects containing commercial space, we recommend the Sponsor contact their MHP Representative for assistance.

Item C 6**MHP LOAN AMOUNT CALCULATION WORKSHEET**

Loan Amount cannot exceed lesser of:

1. C 3: _____
(Funding Gap from Worksheet to Determine Maximum Allowable Loan Amount)
2. C 4: _____
(Total from Loan Limit Worksheet):
3. C 5: _____
(Line F or G from Shared Cost Calculation Worksheet)
4. Maximum Per Project MHP Loan: \$7,000,000

MHP Loan Amount _____
(Enter the Lesser of 1 through 4 above)

Item C 7**PROJECT FINANCING (SOURCES OF FUNDS)**

List below all projected sources required to complete construction, **ordered by their lien position**. Attach evidence of commitment status (e.g. commitment letters, grant awards, subsidy contracts or loan documents). Attach extra sheets as necessary. To be considered an enforceable commitment for the purpose of receiving Readiness Points in **Item D 7**, the commitment must be an enforceable commitment as described on page 34 (C7).

Lien Position	Name of Lender/Source	Term in Months	Interest Rate	Amount of Funds
Total Tax Credit Equity =				\$0
Total Funds for Construction =				\$0

A. Construction Financing

1. Name of Lender/Source	_____
Street Address	_____
Contact Name	_____
City/State	_____
Phone Number	_____
Fax Number	_____
Email Address	_____
Type of Financing	_____
Committed _____	Not Committed ____
2. Name of Lender/Source	_____
Street Address	_____
Contact Name	_____
City/State	_____
Phone Number	_____
Fax Number	_____
Email Address	_____
Type of Financing	_____
Committed _____	Not Committed ____
3. Name of Lender/Source	_____
Street Address	_____
Contact Name	_____
City/State	_____
Phone Number	_____
Fax Number	_____
Email Address	_____
Type of Financing	_____
Committed _____	Not Committed ____

Notes:

Provide explanation if Construction Sources differ from Permanent Sources. Itemize costs that will be deferred until permanent loan closing or thereafter.

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Item C 7, Continued

PROJECT FINANCING (Sources of Funds)**B. Permanent Financing**

List below all projected sources of funds, included Grants, Land Donations, deferred fees, owner equity, etc, **ordered by their Lien position**. Attach evidence of commitment status (e.g., commitment letters, grant awards, subsidy contracts or loan documents). Attach extra sheets as necessary. To be considered an enforceable commitment for the purpose of receiving Readiness Points in **Item D 7**, the commitment must be an enforceable commitment as described on page 34 (C7).

Lien Position	Name of Lender/Source	Term in Months	Interest Rate	Amount of Funds	Annual Debt Service	Type of Financing: i.e., Residual Receipts, Deferred Pmt.
Total Permanent Financing =				\$0		
Total Tax Credit Equity =				\$0		
Total Sources of Project Funds =				\$0		

1. Name of Lender/Source

Street Address

Contact Name

City/State

Phone Number

Fax Number

Email Address

Type of Financing

Committed _____

Not Committed _____

2. Name of Lender/Source

Street Address

Contact Name

City/State

Phone Number

Fax Number

Email Address

Type of Financing

Committed _____

Not Committed _____

3. Name of Lender/Source

Street Address

Contact Name

City/State

Phone Number

Fax Number

Email Address

Type of Financing

Committed _____

Not Committed _____

4. Name of Lender/Source

Street Address

Contact Name

City/State

Phone Number

Type of Financing

Fax Number

Email Address

Committed _____

Not Committed _____

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Item C 8
PROJECT SOURCES AND USES

	TOTAL PROJECT COSTS	RESIDENTIAL COSTS			NON RESIDENTIAL COSTS					PERMANENT FINANCING SOURCES			
		MHP Assisted	Other Restricted	Non- Restricted	Child Care	Learning Ctr.	Social Svc.	Other	Other Comm.	HCD/MHP	1	2	3
Development Budget													
<i>LAND COST/ACQUISITION</i>													
Land Cost or Value	\$0												
Demolition	\$0												
Legal	\$0												
Total Land Cost or Value	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Existing Improvements Value	\$0												
Off-Site Improvements	\$0												
Total Acquisition Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>REHABILITATION</i>													
Site Work	\$0												
Structures	\$0												
General Requirements	\$0												
Contractor Overhead	\$0												
Contractor Profit	\$0												
Total Rehab. Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation Expenses	\$0												
<i>NEW CONSTRUCTION</i>													
Site Work	\$0												
Structures	\$0												
General Requirements	\$0												
Contractor Overhead	\$0												
Contractor Profit	\$0												
Total New Construction Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>ARCHITECTURAL FEES</i>													
Design	\$0												
Supervision	\$0												
Survey & Engineering	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Architectural Costs	\$0												

Note:

Costs must be supported by cost estimates provided in **Items C 14 and C15** for new construction projects or **Item C 21** for rehabilitation projects.

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Item C 8
PROJECT SOURCES AND USES, CONTINUED

Development Budget	TOTAL PROJECT COSTS	RESIDENTIAL COSTS			NON RESIDENTIAL COSTS					PERMANENT FINANCING SOURCES			
		MHP Assisted	Other Restricted	Non- Restricted	Child Care	Learning Ctr.	Social Svc.	Other	Other Comm.	HCD/MHP	1	2	3
CONST. INTEREST & FEES													
Const. Loan Interest	\$0												
Origination Fee	\$0												
Credit Enhance. & App. Fee	\$0												
Bond Premium	\$0												
Taxes	\$0												
Insurance	\$0												
Title and Recording	\$0												
Total Const. Interest & Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PERMANENT FINANCING													
Loan Origination Fee	\$0												
Credit Enhance. & App. Fee	\$0												
Title and Recording	\$0												
Other	\$0												
Total Perm. Financing Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LEGAL FEES													
Lender Legal Pd. by Applicant	\$0												
Other (Specify)	\$0												
Total Attorney Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
RESERVES													
Rent Reserves	\$0												
Capitalized Rent Reserves	\$0												
Capitalized Operating Reserves ¹	\$0												
Capitalized Replacement Reserves	\$0												
Total Reserve Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Appraisal Costs	\$0												
Total Construction Contingency Costs	\$0												

Note:¹See Section 7305 (a)(2) of the MHP Regulations.

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Item C 8
PROJECT SOURCES AND USES, CONTINUED

	TOTAL PROJECT COSTS	RESIDENTIAL COSTS			NON RESIDENTIAL COSTS					PERMANENT FINANCING SOURCES			
		MHP Assisted	Other Restricted	Non- Restricted	Child Care	Learning Ctr.	Social Svc.	Other	Other Comm.	HCD/MHP	1	2	3
Development Budget													
<i>OTHER</i>													
TCAC App/Alloc/Monitor Fees	\$0												
Environmental Audit	\$0												
Local Dev. Impact Fees	\$0												
Permit Processing Fees	\$0												
Capital Fees	\$0												
Marketing	\$0												
Furnishings	\$0												
Consultant/Processing Agent	\$0												
Broker Fees Paid by owner	\$0												
Total Other Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>DEVELOPER COSTS</i>													
Developer Overhead/Profit	\$0												
Project Administration	\$0												
Const. Mngmt Oversight	\$0												
Other (specify)	\$0												
Total Developer Fee²	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROJECT COST	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Note(s):

²Calculate maximum developer fee pursuant to *Section 7314 of the MHP Regulations* (Limits on Development Costs).

Syndication costs may not be included as a project cost.

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Item C 9

INCOME INFORMATION

(BREAK OUT UNIT SIZES BY VARYING AFFORDABILITY LEVELS)

(A) # of Bedrooms	(b) # of Units	(C) Proposed Monthly Rent (Less Utilities)	(D) Total Monthly Rents (B x C)	(E) Monthly Utility Allowance	(F) Monthly Rent Plus Utilities (C + E)	(G) % of Program Income Level (e.g. MHP 30% SMI) OR Area Median Income
Restricted Units						
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
Total # Units	0	Total Mo. Rents	\$0			

Manager's Unit(s)			
			\$0
			\$0
			\$0
Total # Units		Total Mo. Rents	\$0

Market Rate Units			
			\$0
			\$0
			\$0
			\$0
Total # Units		Total Mo. Rents	\$0

AGGREGATE MONTHLY RENTS

FOR ALL UNITS \$0

x 12

AGGREGATE ANNUAL
RENTS FOR ALL UNITS (column d): \$0

Notes: Income information must be consistent with income levels targeted in the application on **Item D 1** or **Item D 2**,
as all applications will be evaluated on their ability to meet their proposed claims for income levels

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Item C 9, Continued*Rental Subsidy Income/Operating Subsidy, if any.***(Attach a copy of any rent subsidy contract.)**

Number of Units Receiving Assistance _____

Length of Contract (years) _____

Expiration Date of Contract _____

TOTAL PROJECTED ANNUAL RENTAL SUBSIDY _____ \$0

Miscellaneous Income:

Annual Income from Laundry Facilities _____

Annual Income from Vending Machines _____

Annual Interest Income _____

Other Annual Income (Specify) _____

TOTAL MISCELLANEOUS INCOME _____ \$0

TOTAL ANNUAL POTENTIAL GROSS INCOME _____ \$0
(From Residential Sources)*Commercial Income:*

Annual Income from Professional Space _____

Annual Income from Commercial Space _____

TOTAL ANNUAL COMMERCIAL INCOME _____ \$0

Monthly Resident Utility Allowance by Unit Size (utility allowances must be itemized and correlated with the most current PHA utility allowance schedule)

	0 Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	() Bedroom
Space Heating						
Water Heating						
Cooking						
Lighting						
Other (Specify)						
TOTALS	\$0	\$0	\$0	\$0	\$0	\$0

Name of PHA Providing Utility Allowances: _____

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Item C 10

ANNUAL RESIDENTIAL OPERATING EXPENSESGeneral Administrative

Advertising	_____	
Legal	_____	
Accounting/Audit	_____	
Security	_____	
Other: (Office)	_____	
Total General Administrative		<u>\$0</u>

Management Fee_____Utilities

Fuel	_____	
Gas	_____	
Other (Electricity)	_____	
Total Utilities		<u>\$0</u>
Total Water/Sewer		<u>\$0</u>

Payroll/Payroll Taxes

On-Site Manager	_____	
Maintenance Personnel	_____	
Other: (Benefits/Payroll)	_____	
Total Payroll/Payroll Taxes		<u>\$0</u>
Total Insurance		<u>\$0</u>

Maintenance

Painting	_____	
Repairs	_____	
Trash Removal	_____	
Exterminating	_____	
Grounds	_____	
Elevator	_____	
Other (supplies/janitorial)	_____	
Total Maintenance		<u>\$0</u>

Other Specify

_____	_____	
_____	_____	
Total Other		<u>\$0</u>

A. TOTAL ANNUAL RESIDENTIAL OPERATING EXPENSES \$0

B. TOTAL NUMBER OF UNITS IN PROJECT _____

ANNUAL OPERATING EXPENSES PER UNIT (divide A/B) _____

TOTAL REAL ESTATE TAXES \$0

COST OF ON-SITE SUPPORTIVE SERVICES COORDINATORS * See Item C13 _____

TOTAL RESERVE FOR REPLACEMENT \$0

TOTAL RESERVE FOR OPERATING EXPENSES \$0

Annual Commercial Operating Expenses

TOTAL COMMERCIAL SPACE EXPENSES \$0

TOTAL ANNUAL COMMERCIAL DEBT SERVICE \$0

Item C 11

FIRST YEAR OPERATING BUDGET AND CASH FLOW ANALYSIS

	<u>Annual</u>	<u>Avg. P/U/Y</u>	<u>Avg. P/U/M</u>	<u>Percent of Gross Income</u>
INCOME:				
Tenant Payments [or Underwriting Rents pursuant to <i>Section 7312 (d)(3) of the MHP Regulations</i>]	\$0	\$0	\$0	\$0
Rent Subsidy (SPECIFY)	\$0	\$0	\$0	\$0
Other Income – (SPECIFY)	\$0	\$0	\$0	\$0
GROSS SCHEDULED INCOME	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
LESS:				
Vacancy Rate @ _____%	\$0	\$0	\$0	\$0
EFFECTIVE GROSS INCOME	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
EXPENSES:				
General Administrative	\$0	\$0	\$0	\$0
Management Fee	\$0	\$0	\$0	\$0
Utilities	\$0	\$0	\$0	\$0
Payroll / Payroll Taxes	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0
Maintenance	\$0	\$0	\$0	\$0
Other: Water/Sewer	\$0	\$0	\$0	\$0
Other: (SPECIFY) _____	\$0	\$0	\$0	\$0
Other: (SPECIFY) _____	\$0	\$0	\$0	\$0
Operating Expenses without property taxes and	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
On-Site Supportive Service Coordinator	\$0	\$0	\$0	\$0
Property Taxes and Assessments	\$0	\$0	\$0	\$0
Replacement Reserve Deposits	\$0	\$0	\$0	\$0
Operating Reserve Deposits	\$0	\$0	\$0	\$0
Other Reserves: (SPECIFY) _____	\$0	\$0	\$0	\$0
Total Operating Expenses and Reserve Deposits	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
NET OPERATING INCOME	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
REQUIRED DEBT SERVICE				
First Lender		\$0	\$0	
MHP 0.42%	\$0	\$0	\$0	
Other (SPECIFY) _____	\$0	\$0	\$0	
Total Debt Service	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	
Available Cash Flow	\$0	\$0	\$0	

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Item C 12

15 YEAR PRO FORMA

Project: _____

15 Year Cash Flow	Growth Factor	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Rental Income	2.5%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rent Subsidy	2.5%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Income____(Specify)_____	2.5%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Gross Scheduled Income		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vacancy Loss	5.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Effective Gross Income		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Expenses ¹	3.5%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Property Taxes	2.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
On-Site Service Coordinator	3.5%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Replacement Reserve	0.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Reserve	0.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Reserves	0.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total OE and Reserves		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Operating Income		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lender 1 Name_____			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MHP (.42% Annual)			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Debt Service		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AVAILABLE CASH FLOW		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Debt Service Coverage																

Notes:

1 Operating Expenses and Reserves must be in accordance with MHP *Section 7319 of the MHP Regulations* (Project Feasibility).This page is available in Excel (.xls) format on HCD's website at: <http://www.hcd.ca.gov/ca/mhp>

Section D

Rating and Ranking Criteria

SECTION 7320(b)(1)-(6) OF THE MHP REGULATIONS

Item

- Item D 1.** Scoring Sheet 1A - Extent Project Serves Households at the Lowest Income Levels (High Income Areas)– *Section 7320(b)(1) of the MHP Regulations*; **or**
- Item D 2.** Scoring Sheet 1B – Extent Project Serves Household at the Lowest Income Levels (Other Areas) –*Section 7320(b)(1) of the MHP Regulations*; and
- Item D 3.** Scoring Sheet 2 – Extent to Which the Project Addresses the Most Serious Identified Housing Needs –*Section 7320(b)(2) of the MHP Regulations* and Attachment to Scoring Sheet 2 – Comparable Market Rental Data Form; and
- Item D 4.** Scoring Sheets 3A and 3B – Development and Ownership Experience of the Project Sponsor, Attachment to Scoring Sheet 3 – Development and Ownership Experience Certification, and Appropriate Schedule(s)– *Section 7320(b)(3) of the MHP Regulations*; and
- Item D 5.** Scoring Sheet 4 – Percentage of Units for Families or Special Needs Populations and “At-Risk” Rental Housing Developments–*Section 7320(b)(4) of the MHP Regulations*, Attachment to Scoring Sheet 4- Checklist for “At Risk” of Conversion (if applicable), and “At Risk” of Conversion Supporting Documentation (if applicable); and
- Item D 6.** Scoring Sheet 5 – Leverage of Other Funds –*Section 7320(b)(5) of the MHP Regulations*; and
- Item D 7.** Scoring Sheet 6 – Project Readiness –*Section 7320(b)(6) of the MHP Regulations* and Attachment to Scoring Sheet 6 - Local Jurisdiction Verification of Project Readiness
- Item D 8.** Scoring Sheet 7 – Adaptive Reuse, Infill, or Proximity to Site Amenity
- Item D 9.** Scoring Sheet 8 – Negative Point Calculation (Departmental Use Only)-**Informational Only**
- Item D 10.** Scoring Sheet 9 – Total Rating and Ranking Points

Item D 1**SCORING SHEET 1A****EXTENT PROJECT SERVES HOUSEHOLDS AT THE LOWEST INCOME LEVELS***Section 7320 (b) (1) of the MHP Regulations – 35 Points Maximum***HIGH INCOME AREAS-COUNTIES WITH AREA MEDIAN INCOMES THAT EXCEED 110% OF THE STATE MEDIAN INCOME**

**ALAMEDA, CONTRA COSTA, MARIN, ORANGE, SAN FRANCISCO, SAN MATEO,
SANTA CLARA, SANTA CRUZ AND VENTURA COUNTIES
(ALL OTHER COUNTIES USE SCORING SHEET 1B)**

Total Number of Units in the Project	A
Total Number of Restricted Units in the Project	B

Project must remain consistent with unit standards in Section 7310 (a) and (b) of the MHP Regulations

C	D	E	F	G
Restricted Units Designated for Households with Incomes of	Number of Restricted Units in this Category	% Of Total Restricted Units in this Category (D divided by B)	Scoring Factor	Points Awarded (E X F)
40% of SMI or less			.75	
35% of SMI or less			1.0	
20% of SMI or less (Adjusted) not to Exceed 10% of Total Restricted Units			1.5	(not to exceed 15)
20% of SMI or less (Adjusted) # in Excess of 10% of Total Restricted Units			1.0	

All point calculations will be rounded to the nearest one hundredth point.

* Note: Units may be counted in only one Rent Restriction level category.

Total Column G for Point Award (Maximum 35)

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Item D 2

SCORING SHEET 1B**EXTENT PROJECT SERVES HOUSEHOLDS AT THE LOWEST INCOME LEVELS***Section 7320 (b) (1) of the MHP Regulations – 35 Points Maximum***ALL OTHER COUNTIES**

Total Number of Units in the Project	A
Total Number of Restricted Units in the Project	B

Project must remain consistent with unit standards in *Section 7310 (a) and (b) of the MHP Regulations*

C	D	E	F	G
Restricted Units designated for Households with Incomes of	Number of Restricted Units in this Category	% Of Total Restricted Units in this Category (D divided by B)	Scoring Factor	Points Awarded (E X F)
35% of SMI or less			.75	
30% of SMI or less			1.0	
20% of SMI or less (Adjusted) not to Exceed 10% of Total Restricted Units			1.5	(not to exceed 15)
20% of SMI or less (Adjusted) # in Excess of 10% of Total Restricted Units			1.0	

All point calculations will be rounded to the nearest one hundredth point.

* Note: Units may be counted in only one Rent Restriction level category.

Total Column G for Point Award (Maximum 35)

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Item D 3**SCORING SHEET 2****EXTENT PROJECT ADDRESSES THE MOST SERIOUS IDENTIFIED LOCAL HOUSING NEEDS***Section 7320 (b) (2) of the MHP Regulations - 15 Points Maximum*

(A) Five (5) points will be awarded based on the attachment of either (1) or (2):

(1) a letter from the city or county in which the proposed project will be located. The letter must be signed by an individual responsible for overseeing compliance with the housing policy documents (e.g., housing element, consolidated plan for the locality). The letter must include:

- The local housing need that is identified in the local housing policy document
- The local housing policy document in which the need is identified
- A statement that this project addresses the need
- The letter must reference the subject property specifically; or

(2) for projects with a minimum of 70% of project units reserved for Supportive Housing or Special Needs Populations (all documentation required of Supportive Housing or Special Needs Population Projects must have been submitted in the application and approved by the Department in order for points to be awarded), a letter from a department of local government responsible for delivery of supportive services, stating that the proposed project will address a serious local housing need as it relates to Supportive Housing or Special Needs Populations.

Enter five (5) points and attach the letter to this scoring sheet.

AND

(B) An additional ten (10) points will be awarded if

(1) at least 70% of the units are reserved for Supportive Housing or Special Needs Populations (all documentation for Supportive Housing or Special Needs Populations Projects must have been submitted in the application and approved by the Department in order for points to be awarded); or

(2) at least 70% of the total project dwelling units have two or more bedrooms and are located in one of the following counties: Alameda, Contra Costa, Los Angeles, Marin, Monterey, Napa, Orange, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma or Ventura.

Enter ten (10) points in this category based on: special needs____ location____

OR**(see next page)**

Item D 3**SCORING SHEET 2 CONTINUED**

(C) Five (5) or ten (10) additional points may be awarded based on submitted Comparable Market Rental Data Forms- Attachment to Scoring Sheet 2 which supports the current vacancy rate for at least the five (5) nearest competitive developments, pursuant to *Section 7320(b)(2)(C) of the MHP Regulations*. The Department may consult other public funding agencies to verify vacancy information for the competitive developments submitted for point awards. A total of at least five (5) competitive developments must be submitted in order for points to be awarded.

A Project Name	B Project Address	C Number of Units in Project	D Current Vacancy Rate	E Calculation Factor C x D

F Total of Column E	G Total of column C	H Weighted Average Vacancy Rate (F divided by G)

Enter ten (10) point award if the weighted average vacancy rate is less than 3%.

Enter five (5) point award if the weighted average vacancy rate is between 3% and 5%.

OR

(D) Five (5) or ten (10) additional points may be awarded on the basis of the vacancy rate as determined by a market study (**Item C 16**), performed by a qualified third party in accordance with TCAC market study requirements. If the proposed project is for the elderly, competitive projects must be limited to this population.

Enter ten (10) points if the vacancy rate based on the market study is less than 3%.

Enter five (5) points if the vacancy rate based on the market study is between 3% and 5%.

Total Point Award (maximum 15 points)

ATTACHMENT TO SCORING SHEET 2

COMPARABLE MARKET RENTAL DATA FORM

COMPLETE ONE COPY OF THIS FORM FOR EACH OF THE FIVE (5) REQUIRED COMPETITIVE DEVELOPMENTS.

DATE OF SURVEY:

DATE OPENED:

(If project is still in lease up phase, indicate the number
of units currently available for rent.)

PROJECT NAME:

PROJECT ADDRESS:

PERSON TO CONTACT:

PHONE #:

BUILDING SPECIFICATIONS:

DISTANCE FROM PROPOSED MHP PROJECT:

Number of Bedrooms:					
Rental Range:					
Furnished:					
Square Footage:					
Price Per Sq.Ft. (Rent/Sq.Ft.)					
Number of Bathrooms:					
Townhouse/Flat/ Split Level:					
Total Number of Units					
PERCENT OF TOTAL MIX:					

Utilities Paid by Tenant:

Gas _____ Electric _____ Water _____ None _____

Rental Subsidies:

(Please describe)

SECURITY DEVICES UTILIZED:

Full-Time Guards:

Yes _____ No _____

Part-Time Guards:

Yes _____ No _____

Dead Bolts:

Yes _____ No _____

Other:

CURRENT VACANCY RATE: (Average over last 12 months and also insert into Column D of **Item D 3**)

BUILDING CONFIGURATION:

1 Story _____

2 Story _____

Mix _____

TENANT PROFILE:

(Elderly, Family) _____

RECREATION FACILITIES/PROJECT AMENITIES

(Please list)

PARKING FACILITIES:

Spaces/Unit _____

Enclosed _____

Covered _____

Uncovered _____

Guest or Street Parking Available _____

Estimated Number of Vehicles Per Apartments _____

*This is an abbreviated version of the form used by the California Housing Finance Agency (CalHFA). Applicants may use copies of CalHFA's form.

Item D 4**SCORING SHEET 3A****DEVELOPMENT AND OWNERSHIP EXPERIENCE OF THE PROJECT SPONSOR****Section 7320 (b) (3) MHP Regulations - 20 Points Maximum**

Applications will be scored based on the number of subsidized rental housing developments (including tax credit projects) that the sponsor has completed over the last five years.

A sponsor may include the experience of its affiliated entities or its principals (e.g., employees responsible for managing development activities), but **not** the experience of non-management board members. A sponsor may include the experience of a partner in order to gain experience points, however the experienced partner must have a controlling interest (i.e.; decision making authority such as a managing general partner) in the partnership and a substantial and continued role in the project's ongoing operations, as evidenced in partnership documents. In such cases, points will be awarded based **only** on the experience of the more experienced partner. Any dissolution of the partnership or withdrawal of the more experienced partner will require prior written approval by the Department.

To be counted towards points under this scoring method, completed projects must contain ten (10) or more units, except where the proposed project contains less than fifteen (15) units and at least 70% of the total units in the proposed project are reserved for Supportive Housing or Special Needs Populations and the project has been approved as a Supportive Housing or Special Needs Populations Project. In this latter instance, the completed projects submitted for experience points must contain at least five (5) units.

Four (4) points will be awarded for each project completed in the five (5) years preceding the application due date up to a maximum of twenty (20) points.

Complete Attachment A to Scoring Sheet 3 and enter totals below. The Department may require the sponsor to provide additional documentation in connection with projects submitted for experience points.

Number of Projects Demonstrating Development Experience and Completed Within 5 Years of the Application Due Date.	
Point Award (number projects demonstrating development experience and completed within 5 years of the application due date x 4) maximum 20.	

Supportive Housing or Special Needs Population Project Sponsors may establish experience as described above, or may use the alternative methods described in Scoring Sheet 3B.

ATTACHMENT TO SCORING SHEET 3: DEVELOPMENT AND OWNERSHIP EXPERIENCE CERTIFICATION

1. Proposed Project Name _____ Location (City) _____

2. Proposed Sponsorship Participants and other Entities Applying for Experience Consideration	3. Role of Each Entity	4. Expected % Ownership	5. Social Security or IRS Employer Number

CERTIFICATION

I (meaning the individual who signs as well as the corporations, partnerships or other parties listed above who certify) hereby apply to the department for approval to participate in the program based partially upon my following previous experience record and this certificate. By executing this certificate, I hereby authorize the disclosure of information concerning my performance in any capacity listed herein.

I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained in Schedule A, and exhibits signed by me and attached to this form.

A. I further certify that:

1. Schedule A contains a listing of every rental housing project in which I have been or am now a participant with the past five(5) years before the application due date.
2. Except as shown by me on Schedule A:
 - a. I/we have not sold any project listed;
 - b. I/we have never been foreclosed upon for any project listed;
 - c. I/we have not experienced instances of non-compliance on any rental housing project; and
 - d. To the best of my knowledge, there are no unresolved findings raised as a result of audits, management reviews or other investigations concerning my/our projects.
3. If I/we am/are a Special Needs Sponsor, Schedule B contains a listing of every rental housing project in which I /we have been or am/are now a participant within the past five (5) years before the application due date.

B. Statements above (if any) to which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement (if applicable) to explain the facts and circumstances which I think helps to qualify me as responsible for participation in the program.

6. Name	Signature	Title, Role or Capacity	Date

Schedule A

Subsidized Rental Housing Projects Submitted for Development and/or Ownership Experience
List All Projects for which the Sponsor expects to garner points
(Submit additional sheets as necessary and submit separate schedules for each qualifying entity)

Qualifying Entity: _____

Subsidized Project Name and Address	Subsidy Source (Including Tax Credits)	The qualifying entity was responsible for comprehensive development responsibilities of the project (yes/no)	The qualifying entity owned the project at completion date (yes/no)	Number of Units in the Project	Date Project Completed as evidenced by Notice of Completion, placed in service date, Certificate of Occupancy, or equivalent

All Qualifying Entities must complete and sign Attachment to Scoring Sheet 3: Development and Ownership Experience Certification.

Item D 4**SCORING SHEET 3B****DEVELOPMENT AND OWNERSHIP EXPERIENCE ALTERNATE SCORING METHOD FOR SUPPORTIVE HOUSING AND SPECIAL NEEDS POPULATION PROJECT SPONSORS**

To qualify for alternative scoring, at least 70% of the Project Units must be reserved for Supportive Housing or Special Needs Populations and the Project must be approved as a Supportive Housing or Special Needs Population Project. To be counted towards points under alternative scoring, completed projects must contain ten (10) or more units, except where the proposed project contains less than fifteen (15) units. In this latter instance, the completed projects, submitted for experience points, must contain at least five (5) units. Sponsors of qualifying projects may elect to have their applications scored based on the **lesser** of:

- A. The number of subsidized rental housing developments that the sponsor's development consultant or contracted developer has completed in the last five years;
- The sponsor must contract with the developer or development consultant for comprehensive development services, including financial packaging, selection of other consultants, selection of the construction contractor and property management agent, oversight of architectural design, construction management, and other major aspects of the development process. A copy of the contract must be attached.
 - Show the development experience of the development consultant or contracted developer on Schedule A.

A (1). Number of projects documenting Contract Development Consultant Experience	
A (2). Projects documenting Contract Development Consultant Experience x 4	

Or

- B. The number of subsidized rental housing developments that the sponsor, or affiliates or principals of the sponsor either own or operate under a long-term lease or other arrangement that involves all responsibilities commensurate with ownership.
- Complete Schedule A, if there is any development or direct ownership experience for the Sponsor.
 - Complete Schedule B, indicating any Sponsor "operation" experience that has involved the same roles and responsibilities as ownership experience.
 - Complete and attach Schedule C, a separate narrative (describing the sponsor's roles and responsibilities) for each project listed on Schedule B.
 - Attach copies of all supporting documentation (e.g., copy of long-term lease) for each project listed in Schedule B.

B (1). Number of Projects documenting Sponsor Operation Experience	
B (2). Projects documenting Sponsor Operation Experience x 4.	

Point Award

Point Award lesser of A (2) or B (2) - maximum 20	
--	--

(Note: Minimum of 4 points necessary to meet MHP Eligibility Threshold Requirement)

Item D4, Schedule B
Supportive Housing and Special Needs Population Project Sponsors Only

**List of Subsidized Rental Housing Developments that the Sponsor, or Affiliate of the Sponsor Currently Operate and that
Involve all Responsibilities Commensurate with Ownership**
**(Submit additional sheets as necessary and submit additional schedules for each qualifying entity. Submit the narrative required by
Schedule C along with supporting documentation)**

Qualifying Entity: _____

Subsidized Project Name and Address	Subsidy Source	The duties of the qualifying entity involve all responsibilities commensurate with ownership	Number of Units in the Project	Currently Operate? Yes/No

All Qualifying Entities must complete and sign Attachment to Scoring Sheet 3: Development and Ownership Experience Certification

Item D4, Schedule C**Supportive Housing and Special Needs Population Project Sponsors Only****Narrative Descriptions of Roles and Responsibilities for Each
Project Submitted for Operation Experience****Project Name:** _____

Provide a narrative description of the job title or position, roles, and responsibilities of the project sponsor in each project listed on Schedule B. The description shall provide the Department with information sufficient to determine that the operation experience is commensurate with ownership experience. Attach to this Schedule all supporting documentation (e.g., copy of long-term lease), clearly identifying the significance of the supporting documentation and the specific project to which the supporting documentation is related.

Item D 5
SCORING SHEET 4

**PERCENTAGE OF UNITS FOR FAMILIES, SUPPORTIVE HOUSING OR
SPECIAL NEEDS POPULATIONS, OR “AT-RISK” RENTAL HOUSING
DEVELOPMENTS**

Section 7320 (b) (4) of the MHP Regulations – 35 Points Maximum

Applications will be scored based on the percentage of project units that will have two or more bedrooms, or that are reserved for Supportive Housing or Special Needs Populations. Projects must have at least (5) units reserved for Supportive Housing or Special Needs Populations to receive points for those units. A Supportive Housing or Special Needs Population Project Plan, **(Item B 17) acceptable to the Department**, must accompany the application in order to receive points for Supportive Housing or Special Needs Units. Detailed documentation, acceptable to the Department, describing the experience and capacity of the services provider must be submitted in order to receive points for special needs units. Points will be awarded as follows: (A) .2 points for each percent of total project units that have 2 bedrooms; (B) .7 points for each percent of total project units that have 3 bedrooms; (C) 1 point for each percent of total project units that are reserved for Supportive Housing or Special Needs Population(s); or (D) 35 points for projects approved by the Department as “At-risk” Rental Housing Developments. Submit attached checklist for “At-risk” of Conversion.

Project must conform to the MHP Regulations for Unit Standards, *Section 7320 (a) and (b) of the MHP Regulations*.

Total Number of Project Units.....

A

B	C	D	E	F
Unit Size or Designation	Number of Units in this Category	% Of Total Project Units in this Category (C divided by A)	Scoring Factor	Points Awarded (D X E)
2 Bedroom			.2	
3+ Bedroom			.7	
Units Reserved for Supportive Housing or Special Needs Populations			1.0	
Enter thirty-five (35) points here if the project is an “At-risk” Rental Housing Development, as defined by TCAC Regulations. Attach checklist For ‘At-risk Of Conversion’, and “At-risk” Supporting Documentation.				
Total Point Award (maximum 35) Note: Units may not be included in both multiple bedroom and Supportive Housing or Special Needs Population categories				

All point calculations will be rounded to the nearest one hundredth point.

Item D 5**ATTACHMENT TO SCORING SHEET 4****CHECKLIST FOR “AT RISK OF CONVERSION”**

Project Name: _____ Sponsor: _____

Under MHP *the MHP Regulations, Section 7320(b)(4)(D)*, a project approved by the Department as an “At-risk” Housing Development, as defined by TCAC regulations, will receive 35 points (see **Item D 5**, Scoring Sheet 4). TCAC regulations first mandate that to be considered “at-risk” housing, the project must meet the requirements of the California Revenue and Taxation Code, subsection 10758 (c) (4), except as further defined in TCAC regulations at Section 10325(g)(5)(B)(i), as well as meet additional TCAC requirements.

The applicant should complete this attachment confirming that the project meets the TCAC criteria, as well as attach documentation to **Item D 5** in support of the answers given. In the material included in **Item D 5**, please highlight relevant sections and, in the margins, reference the number of the criteria it addresses. When filling out this attachment, add explanatory comments as appropriate.

To be considered “at-risk of conversion” according to the California Revenue and Taxation Code, a project must meet all of the following four criteria:

1. The project is presently owned by a housing sponsor other than a qualified nonprofit organization.

_____yes _____no

Explanation: _____

2. The project is a federally-assisted project for which the low-income use restrictions will terminate or the project is eligible for incentives under Subtitle 13 of the Emergency Low Income Housing Preservation Act of 1987 or under Section 502(c) of the Housing Act of 1949 (Federal project-based rental subsidy), anytime in the two calendar years after the year of application to MHP and the purchaser has received preliminary approval from the applicable federal agency for a maximum level of incentives through a plan of action.

_____yes _____no

Explanation: _____

3. The entity acquiring the project will enter into a regulatory agreement that requires the project to be operated in accordance with the requirements of the California Revenue and Taxation Code for a period equal to the greater of 55 years or the life of the project.

_____yes _____no

Explanation: _____

4. The project satisfies the requirements of Section 42(e) of the Internal Revenue Code regarding rehabilitation expenditures, except that the provisions of Section 42(e)(3)(A)(ii)(I) shall not apply.

_____yes _____no

Explanation: _____

TCAC regulations allow one exception to the above:

5. The project meets the at-risk eligibility requirements under the terms of applicable federal and state law, except that a project that has been acquired by a qualified nonprofit organization within the past two years of the date of application to MHP with interim financing in order to preserve its affordability and that meets all other TCAC requirements shall be considered at-risk. The project must be at-risk of converting due to market or other conditions.

_____yes _____no

Explanation: _____

The additional TCAC threshold requirements at Section 10325(g)(5) of their regulations are:

6. The project must be subject to a minimum low-income use period of 55 years.

_____yes _____no

Explanation: _____

7. The project must currently possess or have had within the past two years from the date of application to MHP, either federal mortgage insurance, a federal loan guarantee, federal project-based rental assistance, or have its mortgage held by a federal agency, or be owned by a federal agency.

_____yes _____no

Explanation: _____

8. The applicant must have sought available federal incentives to continue the project as low-income housing, including direct loans, loan forgiveness, grants, rental subsidies, renewal of existing rental subsidy contracts, etc.

_____yes _____no

Explanation: _____

Identify funding source(s) _____

9. The subsidy contract expiration or mortgage prepayment eligibility shall occur no later than two calendar years after the year in which the application to MHP is filed.

_____yes _____no

Explanation: _____

10. The sponsor must agree to renew all Section 8 HAP contracts or equivalent project-based subsidies for their full term and shall seek additional renewals throughout the project's useful life, if applicable.

_____yes _____no

Explanation: _____

11. At least 70% of project tenants shall, at the time of application to MHP, have incomes at or below 60% of AMI.

_____yes _____no

Explanation: _____

12. The gap between total development costs (excluding developer fee) and all loans and grants to the project (excluding tax credits) is greater than 15% of total development costs; and

 yes no

Explanation:

13. A public agency shall provide direct or indirect long-term financial support of at least 15% of the total project development costs, or the owner's equity (includes syndication proceeds) shall constitute at least 30% of the total project development cost.

_____yes _____no

Explanation: _____

This project meets the above TCAC criteria: _____ yes _____ no

If yes, attach supporting documentation.

Item D 6
SCORING SHEET 5
LEVERAGE OF OTHER FUNDS

Section 7320 (b) (5) of the MHP Regulations – 20 Points Maximum

Applications will be scored based on the amount of non-MHP funds for permanent funding of the development costs attributable to the restricted units, as a percentage of the requested amount of MHP funds. Deferred developer fees will not be counted as leveraged funds. Land donations will be counted as leveraged funds where the value is established with a current appraisal.

One half point will be awarded for every full 5 percentage point increment above 150%. Rural projects and Supportive Housing Projects containing at least 35% but less than 75% of total project units as Supportive Housing Units will be awarded one half point for every full 5 percentage point increment above 100%. Supportive Housing Projects containing 75% or more of total project units as Supportive Housing Units will receive one point for every full 5 percentage point increment above 50%.

For example, a non-rural project: where other funds are equal to 150% of requested MHP funds will receive zero (0) points; where other funds equal 200% will receive 5 points; where other funds equal 300% will receive 15 points; and where other funds equal 350% or more of requested MHP funds will receive the maximum of 20 points.

A Permanent Non MHP Funding Amount	B % of Total Non-MHP Funding Amount Attributable to Restricted Units *	C Dollar Amount of Permanent Non-MHP Funds Attributable to Restricted Units (A x B)

* From Item C 5, Shared Cost Calculation Worksheet, enter Percentage from line C, or enter percentage result of commercial calculation if applicable.

D. MHP Funds Requested	
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Point Award		
Non-Rural Projects	C divided by D (as a percentage) less 150 divided by 5, rounded down to the next whole number, x 0.5 will equal the point award, to a maximum of 20 points.	
Rural Projects and Supportive Housing Projects with at least 35% Supportive Housing Units	C divided by D (as a percentage) less 100 divided by 5, rounded down to the next whole number, x 0.5 will equal the point award, to a maximum of 20 points.	
Supportive Housing Projects with at least 75% Supportive Housing Units	C divided by D (as a percentage) less 50 divided by 5, rounded down to the next whole number, x 1 will equal the point award, to a maximum of 20 points.	

Item D 7**SCORING SHEET 6****PROJECT READINESS**

Section 7320 (b) (6) of the MHP Regulation- 15 Points Maximum

Two and one half (2.5) points will be awarded to projects for each of the following circumstances as documented in the application. Any application demonstrating that a particular category is not applicable to Project Readiness for the project shall be awarded points in that category

Point Category	Required Documentation	Points Awarded
A. Enforceable commitments for all construction financing, not including tax-exempt bonds, 4 percent tax credits, and funding to be provided by another Department program. The other Department funds must be confirmed as available concurrent with MHP funding.	Construction financing commitments must be attached as part of Item C7 . See enforceable commitment instructions Item C7 , page 30.	
B. Have all deferred-payment financing, grants and subsidies committed, in accordance with TCAC requirements and with the same exceptions as allowed by TCAC.	Deferred payment and grant financing commitments must be attached as part of Item C7 . See enforceable commitment instructions Item C7 , page 30.	
C. 1. All necessary environmental clearances (CEQA and NEPA),and 2. Completion of Phase I Environmental Site Assessment	1. Document with Item D8 (Local Jurisdiction Verification) 2. Document in Item B15 (Environment Reports).	
D. Local design review approval to the extent such approval is required	Document with attachment to Item D7 (Local Jurisdiction Verification).	
E. All necessary and discretionary public land use approvals, except building permits and other ministerial approvals.	Document with attachment to Item D7 (Local Jurisdiction Verification).	
F. Either: (specify which condition is documented in the application) 1. () sponsor has fee title ownership to the site or a long term leasehold securing the site, meeting the criteria for program site control: or 2. () sponsor can demonstrate that the working drawings are at least 50 percent complete, as certified by the project architect in an attached letter.	1. Document with a current preliminary title report as described in Item B9 , or a copy of the long term lease as described in Item B9 . 2. Document with a letter from the project architect.	
Total Points Awarded (maximum 15)		

Item D 7

ATTACHMENT TO SCORING SHEET 6**LOCAL JURISDICTION VERIFICATION OF
PROJECT READINESS**

To the applicant: Complete the applicant and project information section below. Then submit this verification to the agency or department of local government responsible for administration of the items listed. The form may be submitted to more than one agency or department if necessary.

PROJECT SPONSOR:
PROJECT SPONSOR ADDRESS:
PROJECT SPONSOR CITY:

PROJECT NAME:
PROJECT ADDRESS/SITE:
PROJECT CITY:
PROJECT COUNTY:
ASSESSOR PARCEL NUMBER(S):

To the local jurisdiction: The applicant named above has submitted an application to the State Department of Housing and Community Development requesting funding for the project named above under the Multifamily Housing Program (MHP). Projects submitted for program funding are subject to a competitive rating process. Project readiness is a component of that process. Local jurisdiction verification of items listed below will be used in evaluating MHP Applications.

	Verified as Complete and date completed	Not Required for this Project
All environmental clearance (CEQA and NEPA) is:		
All necessary and discretionary public land use approvals (e.g., site plan approval) except building permits and other *ministerial approvals are:		
Design review approval is:		

* Ministerial approvals are approvals awaiting only routine documentation or processing and require no further judgment or discretion.

Dated: _____

Statement Completed by (please print): _____

Signature: _____

Title: _____

Agency or Department: _____

Agency or Department Address: _____

Agency or Department Phone: _____

Item D 8
SCORING SHEET 7

ADAPTIVE REUSE, INFILL OR PROXIMITY TO SITE AMENITY

Ten (10) points will be awarded to projects that demonstrate any of the following conditions have been met: (1) the project qualifies as an infill development; (2) the project qualifies as an adaptive reuse in an existing developed area served with public infrastructure; (3) the project would qualify for points for proximity to public transit, public schools, or parks and recreational facilities pursuant to TCAC Regulations, or the project is located within one mile of a job center; or (4) the project is a Supportive Housing Project and not requesting funds from the MHP General Allocation. Check the box designating the category for which the project will be applying for points. Attach the required documentation for the item. Projects not documenting qualification under any category will receive zero (0) points in this category.

Point Category	Required Documentation	Points Awarded
<input type="checkbox"/> Infill Development	1. Attach a narrative describing the project and area in which the project will be built. The narrative must confirm the project will be located on vacant or soon to be vacant property, and in an established and developed area; and 2. Attach a scaled distance map including the area within at least one mile of the project.	
<input type="checkbox"/> Adaptive Reuse	1. Attach a narrative describing the project and area in which the project will be built. The narrative must confirm the project will consist of the rehabilitation of a vacant or underused commercial or industrial building(s). Structures such as residential hotels that are currently used for housing will not be considered to be eligible in meeting the adaptive reuse criteria. The narrative must also confirm the project site is located within a developed area served with public infrastructure; and 2. Attach a scaled distance map including the area within at least one mile of the project.	
Proximity to Site Amenity (select any one site amenity): <input type="checkbox"/> Public Transit <input type="checkbox"/> Public Schools <input type="checkbox"/> Parks and Recreational Facilities <input type="checkbox"/> Job Center	1. Attach a narrative naming and describing the site amenity selected for point consideration and specifying the exact distance from the project to the site amenity; and 2. Attach a scaled distance map with the project site and the site amenity identified. Note: The project must be able to qualify for points for proximity to Public Transit, Schools, and Parks and Recreational Facilities under TCAC Regulations, or the project must be within one mile of a Job Center.	
Project is not requesting MHP General Allocation Funds. <input type="checkbox"/> All units are Supportive Housing Units <input type="checkbox"/> Non-Supportive Housing Units will not be receiving funds from the MHP General Allocation	1. No Documentation is required to be attached to this section. Items B16 and B17 will document this criteria.	
Total Point Score		

Item D 9 SCORING SHEET 8

NEGATIVE POINT CALCULATION

To Be Completed By Department Staff

MHP Staff Person

Sponsor: _____
Address: _____

Project Name: _____
Address: _____

Co-Sponsor: _____
Address: _____

Other Entity: _____
Relationship: _____
Address: _____

Events occurring in connection with projects under the control of the sponsor shall be used as the basis for point deductions. Such events shall have had a detrimental effect on the project or the department's ability to monitor the project, as determined by the department. Events shall not result in the deduction of points if they have been fully resolved as determined by, or to the satisfaction of the department as of the application date.

Five points will be deducted for each occurrence or event in the following categories, with a maximum deduction of ten points per category and a maximum total deduction of fifty points.

() Removal or withdrawal under threat of removal as general partner.

() Failure to submit when due compliance documentation required under department programs.

() Use of reserve funds for department-assisted projects in a manner contrary to program requirements or failure to deposit reserve funds as required by the department.

() Failure to provide promised supportive services to a special needs population or other tenants of a publicly funded project.

() Other significant violations of the requirements of department programs, or of the programs of other public agencies, such as the failure to adequately maintain a project or the books and records thereof.

Negative Point Total

Department Representative: _____

Date _____

Item D 10**SCORING SHEET 9****TOTAL RANKING POINTS EARNED***Section 7320 (b) (1)-(6) of the MHP Regulation*

SECTION	Self Score	Department Reviewer Score
<i>Section 7320 (b) (1) of the MHP Regulation</i> Extent Project Serves Households at the Lowest Income Levels Maximum 35		
<i>Section 7320 (b) (2) of the MHP Regulation</i> Extent Project Addresses the Most Serious Identified Housing Needs Maximum 15		
<i>Section 7320 (b) (3) of the MHP Regulation</i> Development and Ownership Experience of the Project Sponsor Maximum 20		
<i>Section 7320 (b) (4) of the MHP Regulation</i> Percentage of Units for Families or Special Needs Populations and “At-Risk” Rental Housing Developments Maximum 35		
<i>Section 7320 (b) (5) of the MHP Regulation</i> Leverage of Other Funds Maximum 20		
<i>Section 7320 (b) (6) of the MHP Regulation</i> Project Readiness Maximum 15		
Adaptive Reuse, Infill, or Proximity to Site Amenity Maximum 10		
<i>Section 7320 (b) (3) (F) of the MHP Regulation</i> Negative Points-Department Staff Only Maximum 50		

Total Point Score
Maximum 150

Self Scoring Total	
Department Reviewer Total	